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| United States Bankruptcy Court f | or the: |
|----------------------------------|-----------------------------|
| Northern District of Illinois | |
| Case number (If known): | Chapter you are filing unde |
| | Chapter 11 |
| | ☐ Chapter 12 |
| | ☐ Chapter 13 |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

NOV 29 2016

JEFFREY P. ALLSTEADT, CLERK

Check if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| P | art 1: Identify Yourself | | |
|-------------|--|--|--|
| Attanom (1) | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | The second s | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or | Rodney First name Lawrence | Andrea First name Michelle |
| | passport). Bring your picture identification to your meeting with the trustee. | Middle name Allen Last name | Middle name Jiggetts Last name |
| | | Suffix (Sr., Jr., II, III) | Suffix (Sr., Jr., II, III) |
| 2. | Ail other names you have used in the last 8 years | n/a First name | Andrea First name Michelle |
| | Include your married or maiden names. | Middle name Last name | Middle name Allen Last name |
| | | First name | n/a First name |
| | | Middle name | Middle name |
| | | Last name | Last name |
| SCrolusion | | | |
| | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | xxx - xx - 4 7 3 5 or 9 xx - xx | xxx - xx - <u>5</u> <u>6</u> <u>7</u> <u>6</u> OR 9 xx - xx |
| ncontractio | (ITIN) | | |

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| Debtor 1 Rodney L. A | llen & Andrea M. Jiggetts Name Last Name | Case number (if known) |
|---|---|--|
| | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| Any business names and Employer Identification Numbers (EIN) you have used in | ☑ I have not used any business names or EINs. | ☑ I have not used any business names or EINs. |
| the last 8 years | Business name | Business name |
| Include trade names and doing business as names | Business name | |
| | business name | Business name |
| | EIN | EIN |
| | EIN | EIN — — — — — — — |
| sections were received and the international control of the international | | If Debtor 2 lives at a different address: |
| | 3521 Marseilles Lane | |
| | Number Street | Number Street |
| | Hazelcrest IL 60429 | |
| | HazeIcrest IL 60429 City State ZIP Code | City State ZIP Code |
| | Cook County | |
| * | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | n/a | n/a |
| | Number Street | Number Street |
| | P.O. Box | P.O. Box |
| | City State ZIP Code | City State ZIP Code |
| . Why you are choosing | Check one: | Check one: |
| this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | |
| | | |
| | | |

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| Debtor 1 Rodney First Name Midd | L. le Name | Allen Last Name | | | Case number (| if known) |
|--|---|--|--|--|---|---|
| | | | | | | |
| Part 2: Tell the Court A | bout Your | Bankruptcy | Case | | | |
| 7. The chapter of the Bankruptcy Code you | Check for Bar | one. (For a bri okruptcy (Form | ef description of eac 2010)). Also, go to t | h, see <i>No</i> he top of | tice Required by 1 page 1 and check | 11 U.S.C. § 342(b) for Individuals Filing the appropriate box. |
| are choosing to file under | 🗹 Ch | apter 7 | | | | |
| | 🔲 Ch | apter 11 | | | | |
| | 🗀 Ch | apter 12 | | | | |
| r edig 1 dis di un tri traditàr e ettivisti sant annation pelos la 13 ettaban di mare eta eta esta esta esta e | ☐ Ch | apter 13 | 2°SA School de besser 12° respectation de la companya del companya de la companya de la companya del companya de la companya del la companya del la companya de la companya | | | |
| . How you will pay the fe | loca you sub with I ne App I ree By I less pay | an court for murself, you may be a pre-printed to pay the polication for Included the property of the fee in insection for insection for the fee in insection for insection for the fee in insection for the feeting feet | ore details about he ay pay with cash, or payment on your bed address. The fee in installment individuals to Pay To be waived (may, but is not request the official pover stallments). If you detail in the official pover stallments. | ents. If you may uired to, rty line thoose the | may pay. Typica check, or money our attorney may bu choose this of Fee in Installmed request this op waive your fee, at applies to you is option. You mis option. | neck with the clerk's office in your ally, if you are paying the fee y order. If your attorney is a pay with a credit card or check option, sign and attach the ents (Official Form 103A). Ition only if you are filing for Chapter and may do so only if your income is aur family size and you are unable to must fill out the Application to Have the with your petition. |
| Have you filed for bankruptcy within the last 8 years? | ☑ No ☐ Yes. | District | | When | MM / DD / YYYY | Case number |
| | | District | | | | |
| | | | | | MM / DD / YYYY | Case number |
| | | District | | When | MM / DD / YYYY | Case number |
| Are any bankruptcy | ☑ No | * Ma Andrews - Anny (2) (2) (A Anno Anno y Angya | 9/1 Hardindarus condina jija jaja jaja jada kanan conseri sayanaja, kanansan sa | American I maril in SQ 11 to a construction of a | | |
| cases pending or being filed by a spouse who is | | Debtor | - | | | Relationship to you |
| not filling this case with you, or by a business partner, or by an affiliate? | | | | | | Case number, if known |
| anniate r | | Debtor | | | | Philadelphia |
| | | | | | | Relationship to you Case number, if known |
| table to the state of the state | 1874 H I St. Michel Cladescoling a conjugaçõe o personal de la colina del la colina del la colina del la colina de la colina de la colina de la colina del la | tone ton (sough) (II I II I I I I I I I I I I I I I I I | | | MM/DD/YYYY | Case number, it known |
| Do you rent your residence? | ☑ No. ☑ Yes. | Go to line 12. Has your landi residence? | lord obtained an evic | ction judgr | nent against you a | and do you want to stay in your |
| | | No. Go to | | | | |
| | | Yes. Fill ou | ut Initial Statement Auptoy petition. | bout an E | viction Judgment . | Against You (Form 101A) and file it with |

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Rodney L Allen & Andrea M. Jiggetts Debtor 1 Case number (if known) Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor No. Go to Part 4. of any full- or part-time business? Yes. Name and location of business A sole proprietorship is a business you operate as an Name of business, if any individual, and is not a separate legal entity such as a corporation, partnership, or Number Street LLC. If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. City State ZIP Code Check the appropriate box to describe your business: ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A)) ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) ■ None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate deadlines. If you indicate that you are a small business debtor, you must attach your Chapter 11 of the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if **Bankruptcy Code and** any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B). are you a small business debtor? No. I am not filing under Chapter 11. For a definition of small business debtor, see No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in 11 U.S.C. § 101(51D). the Bankruptcy Code. A Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention Part 4: 14. Do you own or have any No property that poses or is Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed? _ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

City

ZIP Code

State

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| am not required to receive a briefing | about |
|---------------------------------------|-------|
| credit counseling because of: | |

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| u | I am not required to receive a briefing a | about |
|---|---|-------|
| | credit counseling because of: | |

Incapacity. I have

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

First Name Middle Name Last Name

| Case number (if known) |
|------------------------|
| |

| F | art 6: Answer These Que | estions for Reporting Purpose | s | | | |
|---------------------|--|--|---|--|--|--|
| 16 | s. What kind of debts do you have? | No. Go to line 16b. | y consumer debts? Consumer debt primarily for a personal, family, or hous | is are defined in 11 U.S.C. § 101(8) ehold purpose." | | |
| : | | Yes. Go to line 17. | | | | |
| | | money for a pusiness or inve | y business debts? Business debts a estment or through the operation of the | are debts that you incurred to obtain business or investment. | | |
| | | ✓ No. Go to line 16c.✓ Yes. Go to line 17. | | | | |
| | | 16c. State the type of debts you o | we that are not consumer debts or busi | ness debts. | | |
| 17, | Are you filing under Chapter 7? | ☐ No. I am not filing under Chap | oter 7. Go to line 18. | menten der von Bernard und der von der vertreiten d | | |
| | Do you estimate that after any exempt property is excluded and | administrative expenses are paid that funds will be available to distribute to unsecured creditors? | | | | |
| o constitutiva e de | administrative expenses are paid that funds will be available for distribution to unsecured creditors? | ☑ No ☐ Yes | | | | |
| 18. | How many creditors do | 2 1-49 | 1 ,000-5,000 | 25,001-50,000 | | |
| | you estimate that you owe? | 50-99 | 5,001-10,000 | 50,001-100,000 | | |
| *** | | ☐ 100-199 ☐ 200-999 | 10,001-25,000 | ☐ More than 100,000 | | |
| 19. | How much do you estimate your assets to be worth? | ■ \$0-\$50,000 ■ \$50,001-\$100,000 ■ \$100,001-\$500,000 ■ \$500,001-\$1 million | \$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion | | |
| 20. | How much do you | \$0-\$50,000 | □ \$1,000,001-\$10 million | we will will be a supported from the contract of the contrac | | |
| | estimate your liabilities to be? | \$50,001-\$100,000 | \$10,000,001-\$50 million | \$500,000,001-\$1 billion \$1,000,000,001-\$10 billion | | |
| | to be? | \$100,001-\$500,000 | \$50,000,001-\$100 million | 310,000,000,001-\$50 billion | | |
| Pa | rt 7: Sign Below | □ \$500,001-\$1 million | □ \$100,000,001-\$500 million | ☐ More than \$50 billion | | |
| Fo | r you | I have examined this petition, and I correct. | declare under penalty of perjury that th | e information provided is true and | | |
| | | If I have chosen to file under Chapt of title 11, United States Code. I un under Chapter 7. | er 7, I am aware that I may proceed, if a derstand the relief available under each | eligible, under Chapter 7, 11,12, or 13 chapter, and I choose to proceed | | |
| | | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | |
| | | I request relief in accordance with the | ne chapter of title 11, United States Coo | le, specified in this petition. | | |
| | | I understand making a false statement with a bankruptey case can result in 18 U.S.C. §§ 152, 1341, 1519, and | 1 Tines up to \$250,000, or imprisonment | oney or property by fraud in connection for up to 20 years, or both. | | |
| | | Signature of Debtor | Ell * Ind | rea / Jugoxto | | |
| | | 1/20 1. | "Signature o | What | | |
| v Dentena se s | ekterkkyytysterkekkä sikkeelistys yra testotostonoochiskuit messen yra yveste oli on enten oli oli oli oli oli | Executed on MM / DD /YYY | Executed or | MM / DD /YYYY | | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

| Case number (if known) |
|------------------------|
|------------------------|

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page. The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

| : | Are you aware that filing for bankruptcy is a serious act consequences? | ion with long-term financial and legal |
|-------------|---|---|
| | □ No | |
| | ☑ Yes | |
| | L 105 | |
| | Are you aware that bankruptcy fraud is a serious crime inaccurate or incomplete, you could be fined or imprisor | and that if your bankruptcy forms are |
| : | □ No | |
| | | |
| • | ☑ Yes | |
| : | Did you hav or agree to have company who is not as all | |
| | Did you pay or agree to pay someone who is not an atto | orney to help you till out your bankruptcy forms? |
| : | | |
| • | Yes. Name of Person Veronica Eason | |
| | Attach Bankruptcy Petition Preparer's Notice, Deci | laration, and Signature (Official Form 119). |
| · ! | | - ', |
| | | |
| | By signing here, I acknowledge that I understand the ris | ks involved in filing without an attornov I |
| | have read and understood this notice, and I am aware the | nat filing a hankruptov case without an |
| • | attorney may cause me to lose my rights or property if I | do not properly handle the sees |
| • • • | A COLOR DIODONY II T | do not properly namine the case. |
| _ | / / / / / / | |
| 3 | Aschal all | MARINON VIII VI JUSTICO |
| | Signature of Debtor 1 | Thursday III Juneau |
| | Digitature of Deptor 1 | Signature of Debtor 2 |
| | Date 11-29-16 | 11/20/11 |
| | MM/DD /YYYY | Date 1/27/6 |
| | | WINTY DD / TTTY |
| | Contact phone | Contact phone |
| I | 700\ E44 E676 | |
| | Cell phone (708) 541-5676 | Cell phone (708) 986-2227 |
| | Email address Rodney289@gmail.com | |
| | Cinali address TVOdiloy203(@GITall.COIII | Email address lexusyssa@yahoo.com |
| | | |
| | | |

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| Fill in this information to identify your case: | | | | | |
|---|---|-------------|---|-------|--|
| Debtor 1 | Debtor 1 Rodney L. Allen & Andres M. Jiggetts | | | | |
| | First Name | Młddle Name | Last Name | ····· | |
| Debtor 2 | | | | | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: Northern District of Illinois | | | | | |
| Case number | | | | | |
| | (If known) | | *************************************** | | |

Check if this is an amended filing

12/15

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

| | Your assets Value of what you ov | wn |
|---|----------------------------------|-------------|
| Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | s 0 | 0.00 |
| Ta. Copy line 55, Total real estate, Iron Schedule A/B | | |
| 1b. Copy line 62, Total personal property, from Schedule A/B | \$6,000 |).00 |
| 1c. Copy line 63, Total of all property on Schedule A/B | \$ 6,000 |).00 |
| Part 2: Summarize Your Liabilities | | |
| | Your liabilities Amount you owe | |
| 2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | §4,886. | .00 |
| s. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$9,000. | .00 |
| 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | + \$ 78,715. | .00 |
| Your total liabilities | \$92,601. | .00 |
| Part 3: Summarize Your Income and Expenses | | |
| . Schedule I: Your Income (Official Form 106I) | s 4,356. | .00 |
| Copy your combined monthly income from line 12 of Schedule I | <u> </u> | |
| Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | _{\$} 3,909.0 | .00 |

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Rodney L. Allen & Andres M. Jiggetts Debtor 1 Case number (if known)__ **Answer These Questions for Administrative and Statistical Records** Part 4: 6. Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. 7. What kind of debt do you have? Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules. From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 6,539.00 9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F: Total claim From Part 4 on Schedule E/F, copy the following: 0.00 9a. Domestic support obligations (Copy line 6a.) 9,000.00 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) 0.00 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) 3,801.00 9d. Student loans. (Copy line 6f.) 9e. Obligations arising out of a separation agreement or divorce that you did not report as 0.00

9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)

priority claims. (Copy line 6g.)

9g. Total. Add lines 9a through 9f.

0.00

12,801.00

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| Debtor 1 | Rodney | L. | Allen | | |
|--------------------|----------------------|---------------|--------------------------|-----------------------|---|
| Debtor 2 | First Name Andrea | V-V | Middle Name M. | Last Name Jiggetts | |
| (Spouse, if filing |) First Name | | Middle Name | Last Name | |
| United States | Bankruptcy Cou | rt for the: N | Northern District of III | linois | V |

Check if this is an amended filing

Official Form 106A/B

Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 11. Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

| What is the property? Check all that apply. Single-family home Duplex or multi-unit building | Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D. Creditors Who Have Claims Secured by Property. | | |
|--|--|--|--|
| ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? | Current value of th portion you own? | |
| Investment property Timeshare Other Who has an interest in the property? Check one | Describe the nature interest (such as fee the entireties, or a life | of your ownership | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this if | (see instructions) | ommunity property | |
| What is the property? Check all that apply. Single-family home Duplex or multi-unit building | the amount of any secure | d claims on Schedule D | |
| ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land | Current value of the entire property? | Current value of the portion you own? | |
| ☐ Investment property ☐ Timeshare ☐ Other | Describe the nature of interest (such as fee the entireties, or a life | simple, tenancy by | |
| Who has an interest in the property? Check one. | | | |
| | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it property identification number: □ What is the property? Check all that apply. □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare | □ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other | |

Case 16-37550 Doc 1 Filed 11/29/16 Entered 11/29/16 11:23:19 Desc Main Document Page 11 of 63 Debtor 1 Rodney Allen What is the property? Check all that apply. Do not deduct secured claims or exemptions, Put Single-family home the amount of any secured claims on Schedule D: Creditors Who Have Claims Secured by Property. Street address, if available, or other description Duplex or multi-unit building Current value of the Condominium or cooperative Current value of the entire property? portion you own? Manufactured or mobile home 0.00 0.00 Land ☐ Investment property City State ZIP Code Timeshare Describe the nature of your ownership interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only Debtor 1 and Debtor 2 only Check if this is community property At least one of the debtors and another (see instructions) Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. Part 2: **Describe Your Vehicles** Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles O No Yes Chrylser Who has an interest in the property? Check one. 3.1. Make: Do not deduct secured claims or exemptions. Put Aspen Debtor 1 only the amount of any secured claims on Schedule D: Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2008 Year: Debtor 1 and Debtor 2 only Current value of the Current value of the 143000 Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 2,200.00 2,000.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. 3.2. Make: Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Approximate mileage: entire property? portion you own? At least one of the debtors and another Other information: 0.00 0.00 Check if this is community property (see instructions)

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| | | Allen Last Name | Case number (#) | known) | | | |
|---|--|--|--|--|---|---|---|
| | TO DESCRIPTION OF STANDARD CONTRACTOR AND | | t district of our mention and the first of the set of the section of the section of the section of the section | 18888888888 | | AAA aha ah | |
| 3.3. | Make: | The state of the s | n the property? Check one. | Do not dedu | ct secured cl | aims or ex | emptions. Put n Schedule D |
| | Model: | Debtor 1 only Debtor 2 only | | Creditors W | oi any secure ho Have Clai | ns Secure | n Schedule D d by Property. |
| | Year: | Debtor 1 and Debtor | 2 only | Current va | lue of the | Curren | t value of t |
| | Approximate mileage: | At least one of the de | | entire pro | | | you own? |
| | Other information: | | | | 0.00 | | |
| | | Check if this is constructions) | mmunity property (see | \$ | 0.00 | \$ | 0.0 |
| .4. | Make: | | n the property? Check one. | Do not dedu | ct secured cla | alms or exe | emptions. Put |
| | Model: | Debtor 1 only | | the amount of Creditors Wi | of any secure no Have Clair | d claims or ns Secure | n Schedule D. d by Property. |
| | Year: | Debtor 2 only | | challocardon estrectivities | | ARREAGAGA | |
| | Approximate mileage: | Debtor 1 and Debtor | | Current va entire prop | | | t value of th you own? |
| | Other information: | At least one of the de | eptors and another | . r | 3 ' | | J = 2 - 2 - 11 11 1 |
| Improvement | | Check if this is cor | mmunity property (see | \$ | 0.00 | \$ | 0.0 |
| amp No | oles: Boats, trailers, motors, per | Vs and other recreational vehicles, onal watercraft, fishing vessels, snown | nobiles, motorcycle accessor | sories ries | | | |
| (amp No Yes 1. M | oles: Boats, trailers, motors, per | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb | the property? Check one. | Do not deduct the amount of Creditors When Current value entire prop | f any secured o Have Claim ue of the erty? | claims on s Secured Current | Schedule D: |
| amp No Yes . M | oles: Boats, trailers, motors, per s Make: Model: | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det | the property? Check one. | Do not deduc the amount o Creditors Wh | any secured Have Claim | claims on s Secured Current | Schedule D: by Property. value of th you own? |
| amp No Yes . M | oles: Boats, trailers, motors, per s Make: Model: | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb | the property? Check one. | Do not deduc the amount o Creditors Wh | f any secured o Have Claim ue of the erty? | claims on s Secured Current | Schedule D. by Property. value of th you own? |
| xample No. 1 No. 1 Yes | oles: Boats, trailers, motors, per s Make: Model: | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det instructions) | the property? Check one. | Do not deduc the amount o Creditors Wh | f any secured o Have Claim ue of the erty? | claims on s Secured Current | Schedule D. by Property. value of the |
| No N | oles: Boats, trailers, motors, perss | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions) | the property? Check one. | Do not deduct the amount of Creditors When Current valentire prop | any secured of Have Claim ue of the erty? 0.00 | Current portion | Schedule D: by Property. value of th you own? |
| No N | Make: Other information: who or have more than one, list Make: | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions) | the property? Check one. I only otors and another amunity property (see | Do not deduct the amount of Current valentire prop | any secured claim ue of the erty? 0.00 | Current portion \$ | Schedule D: by Property. value of th you own? 0.00 |
| No Yes | Make: Wodel: Year: Other information: What is the standard one in the standard one | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions) Pere: Who has an interest in Debtor 1 only Debtor 2 only | the property? Check one. Only otors and another amunity property (see | Do not deduct the amount of Creditors Who Current valentire prop | any secured claim ue of the erty? 0.00 secured claim any secured Have Claim. | Current portion \$ ms or exerclaims on s Secured. | Schedule D: by Property. value of th you own? 0.00 mptions. Put Schedule D: by Property. |
| No 1 Yes | Make: Model: Other information: Whate more than one, list whate: Make: Model: | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions) Pere: Who has an interest in Debtor 2 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 | the property? Check one. Only otors and another amunity property (see the property? Check one. | Do not deduct the amount of Creditors What Do not deduct the amount of Creditors Whot Current vale | e of the erty? 0.00 secured claim secured claim any secured | Current portion \$ ms or exerclaims on s Secured Current | value of the you own? 0.00 nptions. Put Schedule D: by Property. value of the |
| xampp Name Name Name Name Name Name Name Name | Make: Wodel: Year: Other information: What is the standard one in the standard one | Who has an interest in Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the det Check if this is cominstructions) Pere: Who has an interest in Debtor 1 only Debtor 2 only | the property? Check one. Only otors and another amunity property (see the property? Check one. | Do not deduct the amount of Creditors Who Current valentire prop | e of the erty? 0.00 secured claim secured claim any secured | Current portion \$ ms or exerclaims on s Secured Current | value of th you own? 0.00 nptions. Put Schedule D; by Property. |

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Debtor 1

| Rodney |
|------------|
| First Name |

Allen Last Name

Case number (if known)___

| Part 3: Describe Your Personal and Household Items | |
|---|--|
| Do you own or have any legal or equitable interest in any of the following items? | Current value of the portion you own? |
| | Do not deduct secured claims or exemptions. |
| 6. Household goods and furnishings | |
| Examples: Major appliances, furniture, linens, china, kitchenware | |
| ☐ No ☐ Yes. Describe Household Furniture | \$1,500.00 |
| 7. Electronics | |
| Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers collections; electronic devices including cell phones, cameras, media players, games | s, scanners; music |
| ✓ Yes. Describe Electronics | \$500.00 |
| 8. Collectibles of value | And a property of the property |
| Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art ostamp, coin, or baseball card collections; other collections, memorabilia, collectibles No | objects; |
| Yes. Describe | \$0.00 |
| 9. Equipment for sports and hobbies | 11 (1979) 11 (1984) 11 (1884) |
| Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf and kayaks; carpentry tools; musical instruments No | clubs, skis; canoes |
| Yes. Describe | \$0.00 |
| 10. Firearms | The state of the s |
| Examples: Pistols, rifles, shotguns, ammunition, and related equipment No | manuscripture and the specific process of the specific |
| Yes. Describe | \$0.00 |
| 11. Clothes | nessessessessesses (14 to the Manufacture consists on a state of the constant as a recovery). |
| Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories No | |
| Yes. Describe Clothings | \$ 1,500.00 |
| | |
| Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, gold, silver | watches, gems, |
| No Yes. DescribeRings | \$ 500.00 |
| 13. Non-farm animals | A MATERIAN TO THE |
| Examples: Dogs, cats, birds, horses | |
| ☑ No | |
| Yes. Describe | \$0.00 |
| 14. Any other personal and household items you did not already list, including any health aids y | ou did not list |
| ☑ No | |
| Yes. Give specific information | \$ |
| 5. Add the dollar value of all of your entries from Part 3, including any entries for pages you ha for Part 3. Write that number here | \$ 4,000.00 |

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Debtor 1

| Rodney | L. | Allen | Case number (if known) |
|------------|-------------|-----------|------------------------|
| First Name | Middle Name | Last Name | Cose frames (in known) |

| Do you own or have any | legal or equitable interest in | any of the following? | portion y | uct secured claims |
|--|--|--|---|--|
| 16. Cash <i>Examples:</i> Money you | have in your wallet, in your ho | me, in a safe deposit box, and on hand when you file your p | petition | Anna Alies (Alies (Alie |
| No Yes | | Cash | | 0.00 |
| | | Casn: | \$ | 0.00 |
| 17. Deposits of money Examples: Checking, s and other si | savings, or other financial accor imilar institutions. If you have n | unts; certificates of deposit; shares in credit unions, brokera aultiple accounts with the same institution, list each. | ige houses, | |
| ☑ Yes | | Institution name: | | |
| | 17.1. Checking account: | Chase Bank | \$ | 0.00 |
| | 17.2. Checking account: | | | 0.00 |
| | 17.3. Savings account: | | | 0.00 |
| | 17.4. Savings account; | | *************************************** | 0.00 |
| | 17.5. Certificates of deposit: | | \$ | 0.00 |
| | 17.6. Other financial account: | | <u> </u> | 0.00 |
| | 17.7. Other financial account: | | Y | 0.00 |
| | 17.8. Other financial account: | | <u> </u> | 0.00 |
| | 17.9. Other financial account: | | <u> </u> | 0.00 |
| | | | 3 | V.00 |
| | or publicly traded stocks investment accounts with broke Institution or issuer name: | erage firms, money market accounts | | |
| | | | \$ | 0.00 |
| | | | \$ | 0.00 |
| | | | | 0.00 |
| 9. Non-publicly traded sto an LLC, partnership, at | nd joint venture | ated and unincorporated businesses, including an inte | | |
| Yes. Give specific | Name of entity: | % of owne 0% | | 0.00 |
| information about them | | 0% | % | 0.00 |
| | | 0% | D | ~.~~ |

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Rodney Allen Debtor 1 Case number (if known)_ First Name 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. Z No Yes. Give specific Issuer name: information about them..... 0.00 0.00 0.00 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans ☑ No Yes. List each account separately. Type of account: Institution name: 401(k) or similar plan: 0.00 Pension plan: 0.00 IRA: 0.00 Retirement account: 0.00 Keogh: 0.00 Additional account: 0.00 Additional account: 0.00 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No No ☐ Yes..... Institution name or individual: Electric: 0.00 Gas: 0.00 Heating oil: 0.00 Security deposit on rental unit: ____ 0.00 Prepaid rent: 0.00 Telephone: 0.00 Water: 0.00 Rented furniture: 0.00 Other 0.00 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) **V** No Yes..... Issuer name and description: 0.00 0.00

0.00

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Yes. Give specific information.....

0.00

Page 17 of 63 Document Rodney Allen Debtor 1 Case number (if known) 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance No ☐ Yes. Name the insurance company Company name: Beneficiary: of each policy and list its value. Surrender or refund value: 0.00 0.00 0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☑ No Yes. Give specific information..... 0.00 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No. Yes. Describe each claim..... 0.00 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims No No Yes. Describe each claim. 0.00 35. Any financial assets you did not already list 2 No Yes. Give specific information..... 0.00 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here 0.00 Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. Part 5: 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. Yes. Go to line 38. Current value of the portion you own? Do not deduct secured claims or exemptions. 38. Accounts receivable or commissions you already earned No. Yes. Describe..... 0.00 39. Office equipment, furnishings, and supplies Examples: Business-related computers, software, moderns, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices ☑ No Yes. Describe..... 0.00 Official Form 106A/B

Schedule A/B: Property

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Page 18 of 63 Document Rodney Allen Debtor 1 Case number (if known) 40. Machinery, fixtures, equipment, supplies you use in business, and tools of your trade ☑ No Yes. Describe.... 0.00 41. Inventory ₩ No Yes. Describe. 0.00 42. Interests in partnerships or joint ventures Yes. Describe...... Name of entity: % of ownership: 0.00 0.00 0.00 43. Customer lists, mailing lists, or other compilations Yes. Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ☐ No Q Yes. Describe...... 0.00 \$ 44. Any business-related property you did not already list No. Yes. Give specific information 0.00 0.00 0.00 0.00 0.00 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here 0.00 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. 47. Farm animals Examples: Livestock, poultry, farm-raised fish No No ☐ Yes..... 0.00

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Desc Main

Page 19 of 63 Document Rodney Allen Debfor 1 Case number (if known 48. Crops—either growing or harvested ☑ No Yes. Give specific information.... 0.00 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ Yes..... 0.00 50. Farm and fishing supplies, chemicals, and feed ☑ No ☐ Yes..... 0.00 51. Any farm- and commercial fishing-related property you did not already list Mo No Yes. Give specific information..... 0.00 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here 0.00 Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership **2** No ☐ Yes. Give specific 0.00 information..... 0.00 0.00 54. Add the dollar value of all of your entries from Part 7. Write that number here 0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 0.00 56. Part 2: Total vehicles, line 5 2,000.00 57. Part 3: Total personal and household items, line 15 4,000.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 0.00 62. Total personal property. Add lines 56 through 61. 6,000.00 Copy personal property total 👈 6,000.00 63. Total of all property on Schedule A/B. Add line 55 + line 62..... 6,000.00 Official Form 106A/B Schedule A/B: Property

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| DOD | Rodney | L | Allen | | |
|---------------------|---------------|--------------|----------------------------|-----------|---|
| | First Name | | Middle Name | Last Name | |
| Debtor 2 | Andrea | | M | Jiggetts | |
| (Spouse, if filing) | First Name | | Middle Name | Last Name | |
| United States B | Bankruptcy Co | urt for the: | Northern District of Illir | ois | 7 |
| ase number | | | | | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B*: *Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2*: *Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: | Identify the | Property You | Claim as | Exempt |
|---------|--------------|---------------------|----------|--------|
|---------|--------------|---------------------|----------|--------|

| 1. W | hich set of exemptions are you claiming | Check one only, | even if your spous | e is filina with you |
|------|---|-----------------|--------------------|----------------------|
|------|---|-----------------|--------------------|----------------------|

- ☐ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | | Current value of the portion you own | Amount of the exemption you claim | Specific laws that allow exemption |
|--|---------------------------------|--------------------------------------|---|------------------------------------|
| | | Copy the value from Schedule A/B | Check only one box for each exemption. | |
| Brief description: | 2008 Chrylser Aspen | \$ <u>2,000.00</u> | □ \$ <u>2,400</u> .00 | 735 ILCS 5/12-1001(c) |
| Line from Schedule A/B: | 3.1 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Household Furniture | \$ <u>1,500.00</u> | ☑ \$ 1,500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 6 | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Electronics | \$500.00 | ≱ \$ 500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 7 | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Are you claimir | ng a homestead exemption of | more than \$160,375? | eren er eren er men er er en er | |
| (Subject to adjust | stment on 4/01/19 and every 3 y | ears after that for cases | filed on or after the date of adjustment.) | |
| ☑ No ☐ Ves Did you | aggin the second of | | | |
| ■ res. Dia you ✓ No | acquire the property covered b | y the exemption within 1 | ,215 days before you filed this case? | |
| ☐ Yes | | | | |

3.

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Debtor 1

Rodney L Allen
First Name Middle Name Last Name

Case number (if known)_____

| Đ. | d | 1 | ľ | ì | 2 | į |
|----|---|---|---|---|---|---|

Additional Page

| on Schedule | ion of the property and line 4/B that lists this property | | it value of the 1 you own | Amount of the exemption you claim | Specific laws that allow exemption |
|------------------------------|--|-------------------|---|--|--|
| | | Copy ti Schedu | ne value from ile A/B | Check only one box for each exemption | |
| Brief description: | Jewelry | _ \$ | 500.00 | ⊿ s 500.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: | 12 | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Deposit of Money | . \$ | 0.00 | | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B; | <u>17</u> | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | Clothings | \$ | 1,500.00 | The state of the s | 735 ILCS 5/12-1001(a) |
| Line from Schedule A/B; | 11 | | | ☐ 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | · · · · · · · · · · · · · · · · · · · | |
| Line from Schedule A/B: | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: | | \$ | | □ s | |
| Line from Schedule A/B: | | | | 100% of fair market value, up to | |
| Brief description: - | | \$ | | D \$ | Standard Sandra on Laboratoria de la Carte |
| Line from Schedule A/B: | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | \$ | | ·· · · · · · · · · · · · · · · · · · · | |
| Line from | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: - | | \$ | | - \$ | |
| Line from Schedule A/B: — | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | | □ \$ | |
| Line from Schedule A/B: | - | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | Per continuent, communication of the control of | D \$ | |
| Line from Schedule A/B: | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | | □\$ | |
| Line from Schedule A/B: — | | | | 100% of fair market value, up to any applicable statutory limit | |
| Brief description: — | | \$ | · · | | |
| Line from Schedule A/B: | | T | (| 100% of fair market value, up to any applicable statutory limit | |

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| Debtor 1 | Rodney | L. | Allen |
|---------------------|----------------------|------------------------------|-----------|
| 211 | First Name Andrea | Middle Name | Last Name |
| Debtor 2 | | M. | Jiggetts |
| (Spouse, if filing) | 9) First Name | Middle Name | Last Name |
| Jnited States | Bankruptcy Court for | the: Northern District of II | linois |

Check if this is an amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form. Yes. Fill in all of the information below.

| As much as possible, list the claims in a | s more than one secured claim, list the creditor separately r has a particular claim, list the other creditors in Part 2. phabetical order according to the creditor's name. | Column A Amount of claim Do not deduct the value of collateral | Column B Value of collateral that supports this claim | Column C Unsecure portion If any |
|--|--|--|---|---|
| Chase Auto Creditor's Name | Describe the property that secures the claim: | \$ 4,886.00 | \$ 4,886.00 | and services |
| PO Box 901003 Number Street | 2008 Chrysler Aspen | | \${,000.00 { | 50.0 |
| Fort Worth City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim relates to a community debt Date debt was incurred 12/19/2011 | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 4 7 3 5 | | | |
| Creditor's Name | Describe the property that secures the claim: | 0.00 | \$0.00 s | 0.00 |
| Number Street | | | V | |
| | As of the date you file, the claim is: Check all that apply | | | |
| City State ZIP Code | As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | | | |
| City State ZIP Code Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another | Unliquidated Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) Statutory lien (such as tax lien, mechanic's lien) Judgment lien from a lawsuit | | | |
| Who owes the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage or secured car loan) | | | |

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| Fill in this information | on to identify your case: | | | | | |
|--|---|---|--|--|--|--------------------------|
| Debtor 1 Rodney | y L. Allen & Andrea M. 、 | Jiggetts | | | | |
| First Name Debtor 2 | Middle Name | Last Name | | | | |
| (Spouse, if filing) First Name | Middle Name | Last Name | | | | |
| United States Bankruptcy | Court for the: Northern Distric | ct of Illinois | | | | |
| Case number (If known) | | | | | Check if th amended f | |
| Official Form | 106F/F | | | | | |
| | | Who Have Unsecu | wad Clair | | | |
| | | rt 1 for creditors with PRIORITY cla | | - | - | 2/15 |
| List the other party to a A/B: Property (Official creditors with partially needed, copy the Partiany any additional pages, v | any executory contracts or Form 106A/B) and on Sche secured claims that are lis you need, fill it out, number write your name and case n | unexpired leases that could result dule G: Executory Contracts and U ted in Schedule D: Creditors Who I r the entries in the boxes on the left umber (if known). | in a claim. Also I Inexpired Leases (Have Claims Secu | ist executory contra (Official Form 106G) red by Property If n | cts on Schedul Do not include | le le апу |
| Part 1: List All of | Your PRIORITY Unsecu | red Claims | | | | |
| | ave priority unsecured clain | ns against you? | | | | |
| ₩ No. Go to Part 2. ☐ Yes. | | | | | | |
| 2. List all of your prio | rity unsecured claims. If a c | creditor has more than one priority uns | secured claim, list t | he creditor separately | / for each claim. | For |
| each claim listed, ide | entify what type of claim it is. I | f a claim has both priority and nonprior claims in alphabetical order according | ority amounts, list th | nat claim here and she | ow both priority: | and |
| unsecured claims, fill | I out the Continuation Page of | f Part 1. If more than one creditor hold | ds a particular clain | n, list the other credito | rs in Part 3. | ity |
| (For an explanation of | of each type of claim, see the | instructions for this form in the instruc | ction booklet.) | Total slaim B | | |
| | | | | District Association and Company of the Company of th | iority Non nount amo | priority ount |
| 1 Internal Reven | ue Service | Last 4 digits of account number | 4 7 3 5 | \$ 9,000 00 \$ 9 | .000.00 \$ | 0.00 |
| Priority Creditor's Name Department Of | The Treasury | - | 01/01/2009 | | | |
| Number Street | THO HOUGH | when was the dept incurred? | 0110112000 | | | |
| Fresno | CA 93888 | As of the date you file, the claim is | s: Check all that apply | <i>t</i> . | | |
| City | State ZiP Code | Contingent | | | | |
| Who incurred the de | ebt? Check one. | Unliquidated Disputed | | | | |
| Debtor 1 only Debtor 2 only | | · | | | | |
| Debtor 1 and Debt | or 2 only | Type of PRIORITY unsecured cla | aim: | | | |
| At least one of the | | ☐ Domestic support obligations ☐ Taxes and certain other debts you | awa tha asygenment | | | |
| Check if this claim | im is for a community debt | Claims for death or personal injury | • | | | |
| is the claim subject | to offset? | intoxicated Other Specify Tax Lien 200 | | | | |
| Ø No □ Yes | | Other. Specify 1 ax LIGH 200. | 9 (110 2013 | | | |
| Dischill Commence the Commence of the Commence | indir of Milliander Alliander in Medican being 1985 process on general following and applies on one one or following the second of the second | en de service de la marche de la mode della mode de la mode della mode de la mode della | er en | | metetroeolipite dar, processorani da conso | Marine streaments |
| Priority Creditor's Name | | Last 4 digits of account number | | \$\$ | 0.00 \$ | 0.00 |
| Number Street | | When was the debt incurred? | ***** | | | |
| | | As of the date you file, the claim is | : Check all that apply | | | |
| 0.3 | 7.5.0 | Contingent | | | | |
| City Who incurred the de | State ZIP Code | ☐ Unliquidated☐ Disputed | | | | |
| Debtor 1 only | DES CHOCK ONE. | | | | | |
| Debtor 2 only | | Type of PRIORITY unsecured cla Domestic support obligations | mu: | | | |
| Debtor 1 and Debto At least one of the | | Taxes and certain other debts you c | owe the government | | | |
| | m is for a community debt | Claims for death or personal injury v | | | | |
| Is the claim subject t | - | intoxicated Other, Specify | | | | |
| ☐ No | | · / / | *************************************** | | | Programme and Administra |
| ☐ Yes | | | | | | |

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Rodney L. Allen & Andrea M.

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Debtor 1 Case number (if known) Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim FedLoan Servicing Last 4 digits of account number 5 6 7 6 3,801.00 Nonpriority Creditor's Name 04/13/2010 When was the debt incurred? P O BOX 60610 Number Street Harrisburg PA 17106 State As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one. Unliquidated Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another Student loans Obligations arising out of a separation agreement or divorce ☐ Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Z No Other. Specify Yes 11,533.00 Capital One Auto Finance Last 4 digits of account number 07/15/2011 Nonpriority Creditor's Name When was the debt incurred? P O BOX 259407 Number As of the date you file, the claim is: Check all that apply. Plano TX 75025 State ZIP Code Contingent Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only At least one of the debtors and another ☐ Student loans Obligations arising out of a separation agreement or divorce Check if this claim is for a community debt that you did not report as priority claims Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Other, Specify Automobile Z No Yes Verizon Wireless - South Last 4 digits of account number <u>4 _7 _3 _5</u> 2,758.00 Nonpriority Creditor's Name 10/08/2013 When was the debt incurred? P O BOX 26055 Number Street Minneapolis MN 55426 As of the date you file, the claim is: Check all that apply. ZIP Code Contingent Who incurred the debt? Check one ☐ Unliquidated ☑ Debtor 1 only Disputed Debtor 2 only Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: At least one of the debtors and another

V No

☐ Yes

Check if this claim is for a community debt

Is the claim subject to offset?

Obligations arising out of a separation agreement or divorce

Debts to pension or profit-sharing plans, and other similar debts

that you did not report as priority claims

Other. Specify Cellular

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts
First Name Middle Nama

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| After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total Consumer Portfolio Serv Nappority Creditor's Name 18355 Laguna Canton Rd Number Siried Irvine CA 92818 Our Date 2P Code When was the debt incurred? 03/05/2016 As of the date you file, the claim is: Check all that apply Contingent Uniquidated Uniquidated Objector 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Last 4 digits of account number 4 7 3 5 Set When was the debt incurred? 03/05/2016 As of the date you file, the claim is: Check all that apply Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 3 base Uniquidated | |
|--|--|
| Consumer Portfolio Serv Nosporting Cededor Name 16355 Laguna Canton Rd Number Street CA 92618 City State 2/P Code Contingent Uniquidated Disputed Contingent Uniquidated Contingent Contingent Uniquidated Contingent Contin | After listing any entries c |
| Consumer Portfolio Serv Napriority Creater Name 16355 Laguna Canton Rd Namour Sireut Invine CA 92618 City State 2/P Code Who incurred the debt? Check one. Debtor 1 only | |
| 16355 Laguna Canton Rd Number Street Irvine CA 92618 Carly State 2ii P Code Contingent Uniquidated Disputed Disputed Disputed Disputed Disputed Contingent Uniquidated Disputed Disp | Consumer Portfo |
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| Debtor 1 and Debtor 2 only | <u> </u> |
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| Check if this claim is for a community debt st the claim subject to offset? Cother. Specify Automobile Cother. Specify Cother. Speci | |
| Debts to pension or profit-sharing plans, and other similar debts Other. Specify Automobile | |
| A.5 Sprint Wireless Last 4 digits of account number 4 7 3 5 \$ 2. | |
| Yes Sprint Wireless Last 4 digits of account number 4 7 3 5 \$ 2. | _ |
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| As of the date you file, the claim is: Check all that apply. City State ZIP Code Contingent Unliquidated Disputed | • • |
| Jackson Ville City State ZIP Code Contingent | Number Street |
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| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Yes Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cellular Cother. Specify Cellular Cother. Specify Cellular Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar debts Debts to pension or profit-sharing plans, and other similar d | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ Ingalls Hospital Nonprority Creditor's Name One Ingalls Drive Number Street Harvey □ IL 60426 City State □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts □ Other. Specify Cellular □ Other. Specify Cell | |
| Under this claim is for a community debt Is the claim subject to offset? ✓ No ☐ Yes Ingalls Hospital Nonpriority Creditor's Name One Ingalls Drive Number Street Harvey IL 60426 City State ZIP Code You did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cellular ✓ Other. Specify Cellular | |
| Is the claim subject to offset? Ingalls Hospital Nonpriority Creditor's Name One Ingalls Drive Number Street Harvey IL 60426 City State ZIP Code Other. Specify Cellular Other. Specify Cellular As of the date you file, the claim is: Check all that apply. | Check if this claim |
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| Ingalls Hospital Nonpriority Creditor's Name One Ingalls Drive Number Street Harvey IL 60426 City State ZIP Code Last 4 digits of account number 4 7 3 5 When was the debt incurred? 01/27/2016 As of the date you file, the claim is: Check all that apply. | _ · · · · · · · · · · · · · · · · · · · |
| Ingalls Hospital Nonpriority Creditor's Name One Ingalls Drive Number Street Harvey IL 60426 City State ZIP Code Last 4 digits of account number 4 / 3 5 When was the debt incurred? 01/27/2016 As of the date you file, the claim is: Check all that apply. | |
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| One Ingalls Drive Number Street Harvey IL 60426 City State ZIP Code As of the date you file, the claim is: Check all that apply. | Nonpriority Creditor's Name |
| Harvey IL 60426 City State ZIP Code As of the date you file, the claim is: Check all that apply. | |
| City State ZIP Code Contingent | |
| ☐ Unliquidated | |
| | Who incurred the debt |
| Who incurred the debt? Check one. Disputed Debtor 1 only | |
| Debtor 2 only Type of NONPRIORITY unsecured claim: | • |
| Debtor 1 and Debtor 2 only | |
| At least one of the debtors and another Obligations arising out of a separation agreement or divorce that | At least one of the deb |
| Check if this claim is for a community debt you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | Check if this claim |
| Is the claim subject to offset? | Is the claim subject to |
| ☑ No | |
| ☐ Yes | Yes |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts
First Name Middle Name

Case number (if known)_

Part 2:

| | age, number the | em beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|--|--|-------------------|
| Sullivan Urgent Aid Cen | ters LTD | | Last 4 digits of account number 4 7 3 5 | \$ <u>177.0</u> 6 |
| 6701 159th St. | | | When was the debt incurred? 03/05/2016 | |
| Number Street Tinley Park | IL | 60477 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| ☐ At least one of the debtors and ☐ Check if this claim is for a d Is the claim subject to offset? | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical | |
| ⊠ No ☐ Yes | | | | |
| Commonwealth Finance | P.P. A PRITEMPO III AN THE MENTAL CAPABLE (AN ANTICAL AN ANTICAL AND ANTICAL ANTICAL AND ANTICAL A | | Last 4 digits of account number 4 7 3 5 | \$ <u>483.00</u> |
| 245 Main St | | | When was the debt incurred? 10/28/2014 | |
| Number Street | | 40540 | As of the date you file, the claim is: Check all that apply. | |
| Scranton City | PA State | 18519 ZIP Code | Contingent | |
| 18/ha in a count of the state of the Oct and the | | | Unfiquidated | |
| Who incurred the debt? Check of Debtor 1 only | one. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| is the claim subject to offset? ☑ No ☐ Yes | | | Other. Specify Collection (MEA Sullivan) | |
| Consumer Portfolio Serv | h.hd/s hat til de Velantillooktij de til dertoorske ettier (fa skillout fan d'hor d'horret de | ti-charatti vanasi atti ja pysistikka tinaksi, jetiya hysityatetikopolijaksi, arculta ya | Last 4 digits of account number 4 7 3 5 | \$ 8,545.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 03/05/2016 | |
| 16355 Laguna Canyon R | <u>:d</u> | | When was the debt incurred? U3/U5/2016 | |
| Number Street Irvine | CA | 92618 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check o | ne. | | ☐ Unliquidated ☐ Disputed | |
| ☑ Debtor 1 only | | | Car Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and a | unother | | Student loans | |
| _ | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for a co | ommunity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? No Yes | | | ☑ Other. Specify Automobile | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

First Name Middle Name Lost Name

Case number (if known)_

Part 2:

| After listing any entries of | n this page, number the | em beginning wit | th 4.4, followed by 4.5, and so forth. | Total clair |
|---|---|--|---|-----------------|
| Cook Law Magistr | rate - MA | | Last 4 digits of account number 4 7 3 5 | \$_1,362. |
| 16501 S. Kedzie A | Ave Room 119 | | When was the debt incurred? 11/01/2016 | |
| Markham | IL | 60426 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt | State | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 At least one of the deb | tors and another | | Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| ☐ Check if this claim in is the claim subject to define the laim subject to define the laid of the la | s for a community debt | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Judgement | |
| Heather Medical A | ssociates | anan ga ka ka ka manan ka man | Last 4 digits of account number $\frac{4}{2}$ $\frac{7}{2}$ $\frac{3}{2}$ $\frac{5}{2}$ | \$125.(|
| Nonpriority Creditor's Name 3330 W 177th St # | ! 1A | | When was the debt incurred? 10/30/2013 | |
| Number Street Hazel Crest | IL. | 60429 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| 1810 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | Unliquidated | |
| Who incurred the debt? | 'Check one. | | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | | TorrestNONDRIDDITY | |
| Debtor 2 only Debtor 1 and Debtor 2 | mahu | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debt | | | Student loans | |
| Check if this claim is | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| is the claim subject to o ✓ No ✓ Yes | _ | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical | |
| Momonia Wollning | (Jinghalli Agh permanen Pamoronous ann de agus le bhaile de de alle lleg an seam hallach lle le lle | rhilfs/IIII-III ehemogilleserlägnspröverkösprozessons | Last 4 digits of account number 4 7 3 5 | s <u>137.</u> 0 |
| Women's Wellness Nonpriority Creditor's Name | | | <u> </u> | |
| 17850 South Kedzi | e Ave., Suite 1500, | | When was the debt incurred? 07/06/2016 | |
| Hazel Crest | IL | 60429 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? | Check one | | Unliquidated | |
| Debtor 1 only | Chicar and | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 c | only | | Student loans | |
| At least one of the debto | ors and another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is | for a community debt | | you did not report as priority claims | |
| Is the claim subject to of | _ | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical | |
| ☑ No ☐ Yes | | | | |

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Case number (if known),

Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

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Part 2:

| Pediatric Dental Specialty Nonpriority Creditor's Name | | | Last 4 digits of account number 5 6 7 6 | s 104.0 |
|---|--|---|--|--|
| 19815 Governors Hwy #4 | | | When was the debt incurred? 10/12/2011 | - |
| Flossmoor | IL | 60422 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Check one. Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | |
| ☑ Debtor 2 only ☑ Debtor 1 and Debtor 2 only ☑ At least one of the debtors and another. | er | | Type of NONPRIORITY unsecured claim: | |
| ☐ Check if this claim is for a comm s the claim subject to offset? ☑ No | | | □ Obligations arising out of a separation agreement or divorce tyou did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar det ☑ Other. Specify Medical | |
| Yes | | | | |
| Capital One Auto Finance | | China di Amerika mila mandele in Selezio del Selezio del Amerika del Selezio del Amerika del Selezio del Amerika del Selezio del Computer del Selezio | Last 4 digits of account number 5 6 7 6 | \$ <u>11,533.0</u> |
| O BOX 259407 | | ···· | When was the debt incurred? 07/15/2011 | |
| Plano | TX | 75025 | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent | |
| the incurred the debt? Check one. Debtor 1 only | | | Unliquidated Disputed | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and anothe | r | | Student loans | |
| Check if this claim is for a commi | | | Obligations arising out of a separation agreement or divorce the you did not report as priority claims | |
| the claim subject to offset? No I Yes | | | ☐ Debts to pension or profit-sharing plans, and other similar debt ☐ Other. Specify Automobile | s |
| onsumer Portfolio Serv | 94. Martin Control of State St | itals, eine lift versymment taktions tempinationsprecition film street version in version tempination tempinat | Last 4 digits of account number <u>5</u> <u>6</u> <u>7</u> <u>6</u> | \$_8,545.00 |
| onsomer Fortions Serv npriority Creditor's Name 3355 Laguna Canyon Rd | | *************************************** | When was the debt incurred? 03/05/2016 | |
| mber Street Vine | CA | 92618 | As of the date you file, the claim is: Check all that apply. | |
| / | State | ZIP Code | Contingent | 2 |
| ho incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | The second secon |
| Debtor 1 only | | | — Disputed | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | V Andreador Corp. |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans | Anthur An Alba |
| Check if this claim is for a commu | nity debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | t |
| the claim subject to offset? No Yes | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Automobile | The Commission of the Commissi |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

Case number (if known)_

Part 2:

| er listing any entries on this page, n | umber th | em beginning wit | h 4.4, followed by 4.5, and so forth. | Total claim |
|---|---|--|---|--|
| Dr. Kenneth B Bielinski M.D. Nonpriority Creditor's Name | | Whiteholder Assessment | Last 4 digits of account number 5 6 7 6 | s105.00 |
| 16105 South La Grange Roa | d | | When was the debt incurred? 11/15/2011 | |
| Number Street Orland Park | IL | 60467 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and anothe | r | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a commu | ınity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | ☑ Other Specify Medical | |
| Mo ☐ Yes | | | | |
| Sullivan Urgent Aid Centers L | TD | an tarah saman da sa | Last 4 digits of account number 5 6 7 6 | \$ <u>139.00</u> |
| Nonpriority Creditor's Name | · · · · · · · · · · · · · · · · · · · | | When was the debt incurred? 01/26/2015 | |
| 6701 159th St Number Street | | | | |
| Tinley Park | IL | 60477 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | | | Student loans Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a commu | nity daht | | you did not report as priority claims | |
| Is the claim subject to offset? | mity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| ■ No | | | ☑ Other. Specify Medical | |
| Yes | | | | |
| Cook Law Magistrate - MA | manan di amang kati pantan menggapan ang kati | and make to a country or such a real country of the | Last 4 digits of account number 5 6 7 6 | \$_1,362.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 11/01/2016 | |
| 16501 S Kedzie Ave Room119 | 9 | | | |
| Markham | IL | 60426 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check one. | | | Unliquidated Disputed | |
| Debtor 1 only | | | - Cobarca | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors and another | | | ☐ Student loans | |
| _ | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 1 |
| Check if this claim is for a commun | nity debt | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? Mo | | | ☑ Other. Specify Judgement | |
| ☑ Yes | | | | To a special s |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

Case number (if known)_

Part 2:

| 6.1 | A C () () () () () () () () () (| | • • | | 1919/11 | |
|------|---|--|---|--|--|---------------------------------|
| ٠. ن | Midwest Anesthesiologists L | td | | Last 4 digits of account number 5 6 7 6 | \$ | 112.0 |
| | Nonpriority Creditor's Name 4440 W. 95th St | | | When was the debt incurred? 05/11/2016 | | |
| | Number Street Oak Lawn | łL | 60453 | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only | State | ŽIP Code | ☐ Contingent ☐ Unliquidated ☐ Disputed | | |
| | Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and anoth | | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | | |
| | ☐ Check if this claim is for a comm is the claim subject to offset? ☑ No ☐ Yes | unity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical | | |
| .2 | | hrifadh dhen shirin shirin dha | ारण के कार वित्रेष दिवारण व्यक्तिकृतिकृतिकृतिकृतिकृतिकृतिकृतिकृतिकृतिकृ | | ntista. U tangkanta ada Susankan sanna | Christo, do Section of American |
| | Comcast Nonpriority Creditor's Name | | | Last 4 digits of account number 5 6 7 6 | \$4 | 418.0 |
| | P O BOX 3002 Number Street | | | When was the debt incurred? 05/11/2016 | | |
| | Southeastern | PA | 19398 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent | | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | | |
| | Debtor 1 only | | | Disputed | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and anothe | ır | | Student loans | | |
| | ☐ Check if this claim is for a comm | initu daht | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | Is the claim subject to offset? | anity debt | | Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☑ No □ Yes | | | ☑ Other. Specify_Cable | | |
| 3 | Progressive Insurance | ті өзін бөзілі на Максын өзін антақсы | egilikarila Çirmila (André de | Last 4 digits of account number 5 6 7 6 | s1 | 27.0 |
| | Nonpriority Creditor's Name | | | 00/00/0040 | | |
| | P O BOX 43258 | | | When was the debt incurred? 09/20/2010 | | |
| | Number Street Richmond Heights | ОН | 44123 | As of the date you file, the claim is: Check all that apply. | | |
| | City | State | ZIP Code | Contingent Unliquidated | | |
| | Who incurred the debt? Check one. | | | ☐ Disputed | | |
| | Debtor 1 only | | | Time of NONDRIODITY | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | | |
| | At least one of the debtors and another | | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | | |
| | Check if this claim is for a commu | nity debt | | you did not report as priority claims | | |
| 1 | s the claim subject to offset? | ÷ | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Collection Account | | |
| | 2 ÍNo □ Yes | | | | | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

Case number (if known)

Part 2:

| Commonwealth Finance |) | | Last 4 digits of account number 5 6 7 6 | s290.0 |
|---|--|---------------------------------------|--|---------------|
| Nonpriority Creditor's Name 245 Main St | | | When was the debt incurred? 11/05/2013 | - v*H2H4-Mov4 |
| Number Street Scranton | PA | 18519 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Who incurred the debt? Check | one. | | Unliquidated Disputed | |
| Debtor 1 only Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? | | | ✓ Other. Specify Collection (MEA Sullivan) | |
| Mo No | | | · · · · · · · · · · · · · · · · · · · | |
| Yes | | | | |
| ComEd | | | Last 4 digits of account number 5 6 7 6 | \$ 500.0 |
| Nonpriority Creditor's Name | | · · · · · · · · · · · · · · · · · · · | When was the debt incurred? 11/01/2016 | |
| P O BOX 6111 Number Street | | | when was the debt incurred? | |
| Number Street Carol Stream | IL | 60197 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check | 000 | | Unliquidated | |
| Debtor 1 only | one. | | Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | community debt | | you did not report as priority claims | |
| s the claim subject to offset? | • | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Utility | |
| ✓ No | | | outer. Specify Othery | |
| ☐ Yes | n v o observente Ansarous d'altanos catalantes anticamen approprietta y en se a con- | | | |
| Nicor Gas | | | Last 4 digits of account number <u>5</u> <u>6</u> <u>7</u> <u>6</u> | \$ 300.0 |
| Nonpriority Creditor's Name POBOX 0632 | | | When was the debt incurred? 11/01/2016 | |
| Number Street Aurora | IL | 60507 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check of | one. | | ☐ Unliquidated☐ Disputed | |
| Debtor 1 only | | | □ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| | | | | |
| s the claim subject to offset? | | | Other, Specify Utility | |

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Debtor 1

Document Rodney L. Allen & Andrea M. Jiggetts Middle Name

Case number (if known)_

Part 2:

| fter listing any entries on this page, numb | er them be | ginning with | 4.4, followed by 4.5, and so forth. | Total claim |
|---|--|--|--|---|
| Charter One Bank | | | Last 4 digits of account number 4 7 3 5 | s 1,100.0 |
| Nonpriority Creditor's Name P O BOX 30281 | | | When was the debt incurred? 11/01/2016 | *************************************** |
| | | 4130 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community Is the claim subject to offset? ☐ No ☐ Yes | | Code | □ Contingent □ Unliquidated □ Disputed Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims □ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify Bank | |
| Comcast Nonpriority Creditor's Name | n y galliord when we're y conspire-22/2/ | Ear dean Earl Earl Share than Earl Earl Andrea venur Araba Share Share Share Share Share Share Share Share Sha | Last 4 digits of account number 4 7 3 5 | \$700.00 |
| P O BOX 3002 | | | When was the debt incurred? 11/01/2016 | |
| Number Street Southeastern P. | A 19 | 9398 | As of the date you file, the claim is: Check all that apply. | |
| City Stat | | Code | Contingent | |
| Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | _ bispaces | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | | | Student loans | |
| ☐ Check if this claim is for a community | dobt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Is the claim subject to offset? | uebi | | Debts to pension or profit-sharing plans, and other similar debts | |
| ✓ No Yes | | | ☑ Other, Specify <u>Cable</u> | |
| Target Card Services | Çərdər bir tireniyə tilinin tirinin ədəli ilişindi | POYANING ITHIBATELY REGISTRALITY TO A SALEY TO | Last 4 digits of account number 5 6 7 6 | \$500.00 |
| Nonpriority Creditor's Name | | | When was the debt incurred? 11/01/2016 | |
| P O BOX 660170 Number Street | | | | |
| Dallas TX | | 266 | As of the date you file, the claim is: Check all that apply. | |
| City State | ZIP C | Code | ☐ Contingent ☐ Unliquidated | |
| Who incurred the debt? Check one. | | | Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and another | | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for a community of | łebt | | you did not report as priority claims | |
| Is the claim subject to offset? | | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify_Charge Account | |
| ☑ No ☐ Yes | | | Carel. Specify Officings / Nobourit | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts
First Name Middle Name

Case number (if known)_

Part 2:

| Nonprofity Creditor's Name 17800 KedZie Ave Number Street Hazel Crest L 60429 Contingent Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 of the debtors and another Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 6 of the debtors and another Debtor 6 of the debtors and another Debtor 8 or 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 4 only Debtor 5 only Debtor 6 of the debtors and another Debtor 8 or 1 only Debtor 9 or 1 only Debtor 9 or 1 only Debtor 1 only Deb | Total claim |
|--|--|
| 17800 Kedzie Ave Number Street 1 | s 1,600.00 |
| Hazel Crest IL 60429 As of the date you flie, the claim is: Check all that apply. | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? AmeriCash Loans Nonproxy Creditor's Name 3200 W 159th St Number Street Markham IL 60426 Debtor 1 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? No I contingent Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Debtor 1 only No I contingent Debtor 1 only Check if this claim is for a community debt Debtor 1 only No I contingent Debtor 1 only Check if this claim is for a community debt Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Deb | |
| Debtor 2 only | |
| At least one of the debtors and another Check if this claim is for a community debt | |
| Check if this claim is for a community debt | |
| AmeriCash Loans Napprointy Creditors Name 3200 W 158th St Number Street Markham IL 60426 City Of Chicago Dept. Of Finance Napprointy Creditor's Name City Of Chicago Dept. Of Finance Napprointy Creditor's Name City Of Chicago Dept. Of Finance Napprointy Creditor's Name Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only State ZiP Code City Of Chicago Dept. Of Finance Nopprointy Creditor's Name Chicago IL 60680 City Of Chicago Le Check one. Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only State ZiP Code City Of Chicago Dept. Of Finance Nopprointy Creditor's Name Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another Debtor 1 only At least one of the debtors and another Debtor 1 only At least one of the debtors and another Debtor 1 only Check if this claim is for a community debt Last 4 digits of account number 4 7 3 5 S When was the debt incurred? Last 4 digits of account number 4 7 3 5 S When was the debt incurred? Last 4 digits of account number 4 7 3 5 S When was the debt incurred? Contingent Uniquidated Disputed Type of NoNPRIORITY unsecured claim: Student loans Obligations anising out of a separation agreement or divorce that you did not report as priority claims | |
| Nonpriority Creditor's Name 3200 W 159th St Number Street Markham IL 60426 Gity State ZiP Code Contingent Unliquidated Disputed | TORRESTE AND |
| Number Street Last 4 digits of account number A f a filted bets 2 lives Last 4 digits of account number A filted bets 2 lives As of the date you file, the claim is: Check all that apply. | 1,000.00 |
| Markham IL 60426 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 1 only Debtor 2 only State Disputed Type of NONPRIORITY unsecured claim: Student loans Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Disputed Disputed Street Disputed D | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Check if this claim is for a community debt □ Student loans □ Check if this claim is for a community debt □ Student loans □ Debtor 1 only □ Yes City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 Number Street Chicago □ IL 60680 City □ State ZIP Code □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Check if this claim is for a community debt □ Debtor 3 and Debtor 2 only □ Check if this claim is for a community debt □ Debtor 4 and Debtor 3 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Disputed Disputed proper as priority claims | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 Number Street Chicago IL 60680 City State ZIP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Debtor 1 and pebtor 2 only □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Debtor 1 and pebtor 2 only □ Check if this claim is for a community debt □ Debtor 1 and pebtor 2 only □ Check if this claim is for a community debt □ Debtor 1 and pebtor 2 only □ Check if this claim is for a community debt | |
| □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 Number Street Chicago IL 60680 City State ZiP Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt | |
| □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes □ City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 Number Chicago □ IL 60680 City Street Chicago □ IL 60680 City Street Chicago □ IL 60680 City State ZiP Code □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Check if this claim is for a community debt | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ No ☐ Yes City Of Chicago Dept. Of Finance Norpriority Creditor's Name POBOX 4641 Number Street Chicago IL 60680 City State ZIP Code Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt | |
| Debts to pension or profit-sharing plans, and other similar debts | ALL |
| No | 10 m |
| City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 Number Street Chicago IL 60680 City State ZIP Code When was the debt incurred? 11/01/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans At least one of the debtors and another Check if this claim is for a community debt | Andrew to All manuscript |
| City Of Chicago Dept. Of Finance Nonpriority Creditor's Name P O BOX 4641 Number Street Chicago IL 60680 City State ZIP Code When was the debt incurred? 11/01/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Last 4 digits of account number 4 / 3 5 When was the debt incurred? 11/01/2016 As of the date you file, the claim is: Check all that apply. Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 900.00 |
| P O BOX 4641 Number Street Chicago IL 60680 City State ZIP Code When was the debt incurred? 11/01/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt When was the debt incurred? 11/01/2016 As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Chicago IL 60680 State ZIP Code Contingent Unliquidated Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Who incurred the debt? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Conlingent ☐ Unliquidated ☐ Disputed ☐ Type of NONPRIORITY unsecured claim: ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Disputed □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt □ Check if this claim is for a community debt □ Type of NONPRIORITY unsecured claim: □ Student loans □ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | V |
| ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt ☐ Check if this claim is for a community debt | <u></u> |
| Obligations arising out of a separation agreement or divorce that you did not report as priority claims | or or all and an artist of the second |
| Check it this claim is for a community dept | eleped concenne |
| i transfer and the second production of the se | Wedden all the Control |
| Is the claim subject to offset? ☑ Other. Specify Tickets, Fines & Fees ☑ No ☐ Yes | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

First Name Middle Name Last Name

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Case number (if known)_

Part 2:

| listing any entries on this | page, number th | em beginning wi | ith 4.4, followed by 4.5, and so forth. | Total claim |
|--|---|---|--|-----------------|
| Fourth Municipal District Courthouse Nonpriority Creditor's Name 1500 Maybrook Avenue, Room 236 Number Street | | | Last 4 digits of account number 4 7 3 5 | \$ <u>100.0</u> |
| | | | When was the debt incurred? 11/01/2016 | |
| Maywood | IL | 60153 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | ☐ Contingent | |
| Who incurred the debt? Chec | t ana | | Unliquidated | |
| Debtor 1 only | k one. | | ☐ Disputed | |
| Debtor 1 only Debtor 2 only | | | Type of NONDRIGHTY | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors an | d another | | Student loans | |
| Check if this claim is for a | community debt | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| s the claim subject to offset? | • | | Debts to pension or profit-sharing plans, and other similar debts | |
| A No | | | Other Specify Maywood Tickets, Fines & Fee | |
| Yes | | | | |
| City Clerk Of Country C | lub Hille | riyaanna iliinidaa iy karib yanna Yisamaaniiya gaaraanii kayagaan yaa aa aa aa ga | Last 4 digits of account number 4 7 3 5 | \$ 500.0 |
| onpriority Creditor's Name | iub i iiiis | | | \$ |
| 200 West Main Street | | | When was the debt incurred? 11/01/2016 | |
| Country Club Hills | IL | 60478 | As of the date you file, the claim is: Check all that apply. | |
| ly | State | ZIP Code | Contingent | |
| ho incurred the debt? Check | one | | Unliquidated | |
| Debtor 1 only | 0.10. | | Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and | another | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims | |
| the claim subject to offset? | , | | Debts to pension or profit-sharing plans, and other similar debts | |
| No | | | Other Specify Tickets, Fines & Fees | |
| Yes | | | | |
| idAmerica Orthopaedio | es SC | Perferencial Control on National Assessment of Assessment | Last 4 digits of account number 4 7 3 5 | s_1,042.00 |
| priority Creditor's Name | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | <u> </u> | |
| Remittance Drive Sui | te 6035 | | When was the debt incurred? 11/03/2016 | |
| nber Street hicago | į į | 60675 | As of the date you file, the claim is: Check all that apply. | |
| nicago | IL State | 60675 ZIP Code | Contingent | |
| | | | Unliquidated | |
| no incurred the debt? Check of | one. | | Disputed | |
| Debtor 1 only | | | | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors and | another | | Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a c | ommunity debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| he claim subject to offset? | | | Other. Specify Medical | |
| No | | | | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

Case number (if known)_

Part 2:

| r listing any entries on this pa | age, number th | em beginning wil | th 4.4, followed by 4.5, and so forth. | Total c |
|---|---|---|---|--|
| Burke Costanza & Carberry LLP, lonpriority Creditor's Name 9191 Broadway | | | Last 4 digits of account number 5 6 7 6 | \$ <u>86</u> 8 |
| | | | When was the debt incurred? 10/20/2016 | |
| Number Street Merriville | IN | 46410 | As of the date you file, the claim is: Check all that apply. | |
| Who incurred the debt? Check of Debtor 1 only | State | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| ☐ At least one of the debtors and a☐ Check if this claim is for a c is the claim subject to offset? ✓ No | | | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Northwestern Med. Imaging | |
| ☐ Yes Alpha Med Physicans Gri | oup | TERREN YARFE ELEPHEREN YARE EREKANISAN YAREN MANILI BANYA | Last 4 digits of account number <u>5 6 7 6</u> | ************************************** |
| | | | When was the debt incurred? 11/01/2016 | |
| P O BOX 3191 | | | Then was the dept incurred? | |
| Carol Stream | IL | 60132 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check or | ne. | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and a Check if this claim is for a co | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| s the claim subject to offset? No Yes | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Medical | |
| MidAmerica Orthopaedics | miganbasilinurajbantilurus;mortes,ostubbasilintilurus | dikining menghidi sa danya, repada da ontang aryumguli saksapun | Last 4 digits of account number 4 7 3 5 | \$_3,000 |
| onpriority Creditor's Name 75 Remittance Drive Suite | | | When was the debt incurred? 11/03/2016 | |
| umber Street Chicago | IL | 60675 | As of the date you file, the claim is: Check all that apply. | |
| ity | State | ZIP Code | Contingent | |
| Vho incurred the debt? Check on | | | Unliquidated | |
| no incurred the debt? Check on ☑ Debtor 1 only | €. | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | Student loans | |
| At least one of the debtors and an | nother | | Student loans Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a co | mmunity debt | | you did not report as priority claims | |
| the claim subject to offset? No l Yes | · | | ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Other. Specify Medical | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts
First Name Middle Name Last Name

Case number (if known)__

Part 2:

| 1 | AT&T Mobility | | | Last 4 digits of account number 5 6 7 6 | s 347.(|
|---|---|--|--|---|---------|
| | Nonpriority Creditor's Name P O BOX 6416 | | | When was the debt incurred? 11/01/2016 | \$\$ |
| | Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| | Carol Stream | IL State | 60197 ZIP Code | Contingent | |
| | Who incurred the debt? Check one. Debtor 1 only | | | Unliquidated Disputed | |
| | Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anothe | | | Type of NONPRIORITY unsecured claim: Student loans | |
| | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | | | Debts to pension or profit-sharing plans, and other similar debts Other. Specify Cellular | |
| | ☑ No □ Yes | | | | |
| | CPAP- 4U, Inc | eer Erin van die voorgeen (voorgeen) | TO THE STATE OF TH | Last 4 digits of account number 4 7 3 5 | s 700.0 |
| | Nonpriority Creditor's Name | | | When was the debt incurred? 11/01/2016 | |
| | 9400 Bormet Dr. Suite 5 | | | when was the debt incurred? | |
| | Mokena | IL | 60448 | As of the date you file, the claim is: Check all that apply. | |
| | City | State | ZIP Code | Contingent | |
| | Who incurred the debt? Check one. | | | ☐ Unliquidated ☐ Disputed | |
| | Debtor 1 only | | | - Disputed | |
| | Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | | | Student loans | |
| ☐ Check if this claim is for a community debt | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | | | | Debts to pension or profit-sharing plans, and other similar debts | |
| | Is the claim subject to offset? | | | ☑ Other Specify Collection Account | |
|]*** | Yes | haan kanamada yeen ah ka | ه د کرد که به دادشتنان مکارس رو ، درستنان میجود و درود پرویون کیسی د و | | |
| - | Certegy Check Service Nonpriority Creditor's Name | | | Last 4 digits of account number 4 7 3 5 | \$0.00 |
| _ | P.O. Box 30046 | | | When was the debt incurred? 11/01/2016 | |
| • | vumber Street Tampa | FL | 33630 | As of the date you file, the claim is: Check all that apply. | |
| Č | City | State | ZIP Code | Contingent | |
| ٧ | Who incurred the debt? Check one. | | | ☐ Unliquidated☐ Disputed☐ Disputed☐ Unliquidated☐ Disputed☐ DisputeDisputeD☐ DisputeD☐ DisputeD | |
| | Debtor 1 only | | | | |
| | Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| _ | ☐ At least one of the debtors and another | | | ☐ Student loans | |
| ☐ Check if this claim is for a community debt | | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | · | | | Debts to pension or profit-sharing plans, and other similar debts | |
| | s the claim subject to offset? No | | | ☑ Other Specify Notice Only | |
| | ☑ No ☑ Yes | | | | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

First Name Middle Name Last Name

Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims — Continuation Page

| Afte | er listing any entries on this page, number them beginni | ng with 4.4, followed by 4.5, and so forth. | Total claim |
|------|---|--|--|
| 8.4 | Chex System | Last 4 digits of account number 4 7 3 5 | \$ 0.00 |
| | Nonpriority Creditor's Name 7805 Hudson Rd | When was the debt incurred? 11/01/2016 | |
| | Number Street Woodberry MN 55125 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code Who incurred the debt? Check one. | Contingent Unliquidated Disputed | |
| | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | |
| | At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | |
| | ☐ Check if this claim is for a community debt is the claim subject to offset? ☑ No ☐ Yes | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | |
| 8.5 | Equifax Bankruptcy Dept. Nonpriority Creditor's Name | Last 4 digits of account number 4 7 3 5 | s <u>0.00</u> |
| | P.O. Box 740241 | When was the debt incurred? 11/01/2016 | |
| | Number Street Atlanta GA 30374 | As of the date you file, the claim is: Check all that apply. | |
| | City State ZIP Code | Contingent Unliquidated | |
| | Who incurred the debt? Check one. Debtor 1 only | Disputed | |
| | Debtor 2 only | Type of NONPRIORITY unsecured claim: | 100 |
| | Debtor 1 and Debtor 2 only At least one of the debtors and another | Student loansObligations arising out of a separation agreement or divorce that | AND |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts other. Specify Notice Only | teen About on Andrews |
| | ☑ No ☑ Yes | | Andreaded of a growing of the global experience of the second of the sec |
| 3.6 | Experian Bankruptcy Dept. | Last 4 digits of account number 4 7 3 5 | \$ 0.00 |
| | Nonpriority Creditor's Name P.O. Box 2002 | When was the debt incurred? 11/01/2016 | remon, A sak shin Arushin Arus |
| | Number Street Allen TX 75013 | As of the date you file, the claim is: Check all that apply. | TO THE STATE OF TH |
| | City State ZIP Code Who incurred the debt? Check one. | ☐ Contingent☐ Unliquidated | |
| 1 | Debtor 1 only | ☐ Disputed | 1 |
| | ☑ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Type of NONPRIORITY unsecured claim: | The state of the s |
| | At least one of the debtors and another | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that | Matter P Comments () |
| - | ☐ Check if this claim is for a community debt | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | to be the second |
| (| s the claim subject to offset? ☑ No ☑ Yes | ☑ Other. Specify Notice Only | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

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Case number (if known)_

Part 2:

Your NONPRIORITY Unsecured Claims - Continuation Page

| | s page, number ti | | h 4.4, followed by 4.5, and so forth. | Total claim |
|--|--|---|--|--|
| Trans Union Bankrup Nonpriority Creditor's Name | tcy Dept. | | Last 4 digits of account number 4 7 3 5 | s 0.0 |
| P O BOX 1000 | | | When was the debt incurred? 11/01/2016 | 7 |
| Number Street Chester | PA | 19022 | As of the date you file, the claim is: Check all that apply. | |
| City Who incurred the debt? Che Debtor 1 only | State eck one. | ZIP Code | Contingent Unliquidated Disputed | |
| Debtor 2 only Debtor 1 and Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| At least one of the debtors a | ınd another | | Student loansObligations arising out of a separation agreement or divorce that | |
| ☐ Check if this claim is for is the claim subject to offse ☑ No ☐ Yes | • | t | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Notice Only | |
| 8 | hite Allian and District Answers and A. An Angung Springer (2014). | ma w w v I i'm waith wafe-willthe engles Weegen lief, with | | AZZAN Y NOTOZNOWY Y TOTA ZOWAZZANI KAZZANINI ZAKOJA (A |
| Cook Recorder Of Dee | eds | | Last 4 digits of account number 4 7 3 5 | \$ 1,073.00 |
| 118 N Clark Room 230 |) | | When was the debt incurred? 04/15/2015 | |
| Number Street Chicago | L | 60602 | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Chec | ck one. | | ☐ Unliquidated ☐ Disputed | |
| Debtor 1 only | | | Lisputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only At least one of the debtors ar | - d 0 | | ☐ Student loans | |
| | | | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| Check if this claim is for | | | Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset | ? | | ☑ Other. Specify State Tax Lien | |
| المراجعة والمراجعة المراجعة ا | is delighelding presentativi is tirmopris lige contine normoprissips | kytti, epikkitana ka taurit yi ki, daman Erooonikili kahirikkang oryant yengti (sinkoonik), ari | Last 4 digits of account number | Section of the sectio |
| Nonpriority Creditor's Name | | | When was the debt incurred? | |
| Number Street | | | As of the date you file, the claim is: Check all that apply. | |
| City | State | ZIP Code | Contingent | |
| Who incurred the debt? Check | k one. | | Unliquidated | |
| Debtor 1 only | | | ☐ Disputed | |
| Debtor 2 only | | | Type of NONPRIORITY unsecured claim: | |
| Debtor 1 and Debtor 2 only | | | ☐ Student loans | |
| At least one of the debtors and | | | Obligations arising out of a separation agreement or divorce that | |
| Check if this claim is for a | community debt | | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | |
| Is the claim subject to offset? No Yes | | | Other. Specify | |
| ☐ Yes | | | | |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

First Name Middle Name Last Name

age 39 01 03 Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| Diversified Consultants | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
|--|---------------------------------------|--|--|
| P O BOX 551268 | | | Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Jacksonville City | FL State | 32255 ZIP Code | Last 4 digits of account number 4 7 3 5 |
| Account Resolution Servi | предоста почетосной и | Earl Code | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 1801 NW 66th Ave 200 | | | Line 4.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| Fort Launderdale | FL State | 33313 ZIP Code | Last 4 digits of account number 4 7 3 5 |
| Allied Collection Service | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 3080 S Durango Dr 208 Number Street | · · · · · · · · · · · · · · · · · · · | | Line 4.5 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| Las Vegas | NV | 89117 | Claims Last 4 digits of account number 4 7 3 5 |
| City | State | ZIP Code | |
| Vision Financial Service | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| 1900 W Severs Rd Number Street | | | Line 4.6 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured Claims |
| La Porte | IN State | 46350 ZIP Code | Last 4 digits of account number 4 7 3 5 |
| ATG Credit LLC | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P O BOX 14895 Street | | ************************************** | Line 5.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims Part 2: Creditors with Nonpriority Unsecured |
| Obi | | | Claims |
| Chicago _{Sity} | State | 60614 ZIP Code | Last 4 digits of account number 4 7 3 5 |
| I.C. Systems Inc | | | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P O BOX 64378 | | | Line 5.4 of (Check one): Part 1: Creditors with Priority Unsecured Claims |
| lumber Street | | | Part 2: Creditors with Nonpriority Unsecured Claims |
| St Paul ity | MN | 55164 ZIP Code | Last 4 digits of account number 5 6 7 6 |
| C System | če v ceserovanii diasaadii | Managara (1986) and the supplementary of the second | On which entry in Part 1 or Part 2 did you list the original creditor? |
| P O BOX 64378 umber Street | | | Line <u>5.7</u> of (<i>Check one</i>): ☐ Part 1: Creditors with Priority Unsecured Claims ☐ Part 2: Creditors with Nonpriority Unsecured |
| Saint Paul | MN | 55164 | Claims Last 4 digits of account number 5 6 7 6 |
| Y | State | ZIP Code | Last + digits of account number O O I O |

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Debtor 1

Rodney L. Allen & Andrea M. Jiggetts

First Name

Adda D. Jacob Document Middle Name

Case number (if known)

Part 3:

List Others to Be Notified About a Debt That You Already Listed

| Lake Sup. Court Cou | nty Div 2 | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| 2293 N Main Street | | | Line 7.7 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| Number Street | *************************************** | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Crown Point | IN | 46307 | Last 4 digits of account number 5 6 7 6 | | | | | | |
| Account Resolution S | State Service | ZIP Code | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| Name | | *************************************** | | | | | | | |
| 1801 NW 66th Ave 20 Number Street | 00 | | Line 5.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| *************************************** | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Fort Lauderdale | FL State | 33313 ZIP Code | Last 4 digits of account number 5 6 7 6 | | | | | | |
| Medical Business Bur | reau | The state of the s | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| 1460 Renaissance Dr | 400 | | Line 6.1 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Park Ridge | IL State | 60068 ZIP Code | Last 4 digits of account number 5 6 7 6 | | | | | | |
| Enhanced Recovery (| 21 * SCOROS CHARTE DATE & HARD FRANCISCO | Services and Services | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| P O BOX 57547 | | | Line 6.2 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured | | | | | | |
| Jacksonville Dity | FL State | 32241 ZIP Code | Last 4 digits of account number 5 6 7 6 | | | | | | |
| Credit Collection Servi | ice | The second secon | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| lame | | ····· | • | | | | | | |
| POBOX 607 | | | Line 6.3 of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| rambel 2666t | | | ☑ Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| Norwood | MA State | 02062 ZIP Code | Last 4 digits of account number 5 6 7 6 | | | | | | |
| er betall til til til til til til til til til t | TO PROTECTION OF THE STATE OF T | CO-mark front construence and a subsequence of the | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| lame | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| lumber Street | | | Part 2: Creditors with Nonpriority Unsecured | | | | | | |
| | | | Claims | | | | | | |
| | State | ZIP Code | Last 4 digits of account number | | | | | | |
| ame | *************************************** | | On which entry in Part 1 or Part 2 did you list the original creditor? | | | | | | |
| lumber Street | | | Line of (Check one): Part 1: Creditors with Priority Unsecured Claims | | | | | | |
| Number Street | | | Part 2: Creditors with Nonpriority Unsecured Claims | | | | | | |
| ity | State | ZIP Code | Last 4 digits of account number | | | | | | |
| | | | | | | | | | |

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Debtor 1

Rodney L. Allen & Andres M. Jiggetts

Case number (if known)_

Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

| : | | | | Total claim | |
|--------------------------|-------|---|-----|-------------|-----------|
| Total claims | 68 | a. Domestic support obligations | 6a. | \$ | 0.00 |
| from Part 1 | 6t | b. Taxes and certain other debts you owe the government | | \$ | 9,000.00 |
| | 60 | c. Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d | 6d. Other. Add all other priority unsecured claims. Write that amount here.6e. Total. Add lines 6a through 6d. | | + \$ | 0.00 |
| | 6е | | | \$ | 9,000.00 |
| | | | | Total claim | |
| Total claims from Part 2 | 6f. | Student loans | 6f. | \$ | 3,801.00 |
| Iroin Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | + \$ | 74,914.00 |
| | 6j. 1 | Γotal. Add lines 6f through 6i. | 6j. | \$ | 78,715.00 |

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| Last Name |
|-----------|
| |
| Jiggetts |
| Last Name |
| |
| |

Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A/B: Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for
 example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and
 unexpired leases.

| A A | Person c | or company w | rith whom you | u have the contract or lease | State what the contract or lease is for | | | | | |
|---------------|--------------------------------|--|--|--|--|--|--|--|--|--|
| 2.1 | Sylvia | Reuling | | | Yearly Residential Lease | | | | | |
| | Name | | | | | | | | | |
| Ì | 3521 N | larseilles La | ane | | | | | | | |
| | Number | Street | | | | | | | | |
| | Hazelc | rest | IL | 60429 | | | | | | |
| 1 | City | | State | ZIP Code | | | | | | |
| 2.2 | CARAMO CINTERCOTOS DE CONTRO | en e | er op en alle en para l'ann l'aples des le transporter par autre de l'andre de l'andre de l'andre de l'andre d | والمسترية والمسترية والمسترية والمسترية والمراسية والمراسية والمناوية والمناوية والمراسية والمناوية والمناوية والمراسية والمناوية والمنا | 9963204 + 1344 | | | | | |
| | | | | | | | | | | |
| | Name | | | | | | | | | |
| | Number | Street | | | | | | | | |
| l. | City | | State | ZIP Code | | | | | | |
| 2.3 | | | , , , , , , , , , , , , , , , , , , , | rand many of a time process of the contract of | The Collaboration Contracting the Section of the Se | | | | | |
| | Name | | | | | | | | | |
| | Number | Street | 10000 | | | | | | | |
| | City | | State | ZIP Code | | | | | | |
| 2.4 | 244114504245888001446888997104 | the Problem College of the material behavior of the problem to the | in COO man (COO) and the second of the secon | 9. Professor Commission developeration (1986), descende de la magnetica de la commissión de la commissión de l Professor Commission developeration (1986), descende de la magnetica de la commissión de la commissión de la c | And Collection Contractions of the Contraction of t | | | | | |
| . water-cart | Name | | | , | | | | | | |
| | Number | Street | | 5 4 9 VI o 8 | _ | | | | | |
| irstradi şəgə | City | 2-11v4 ###W####245000000000000000000000000000000000 | State | ZIP Code | noterine. | | | | | |
| 2.5. | | | | | need the first statement of the second control of the second contr | | | | | |
| i | Name | · · · · · · · · · · · · · · · · · · · | | | : | | | | | |
| | ¥1 | | | | ` | | | | | |
| | Number | Street | | | | | | | | |
| | City | | State | ZIP Code | _ | | | | | |
| | • | To the terminal | | tion of the control o | and the department of the state of the control of the partment of the control of | | | | | |

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| Fill in this in | formation to id | dentify your case: | | |
|---------------------------------------|------------------|--|-----------|---|
| Debtor 1 | Rodney | L. | Allen | |
| | First Name | Middle Name | Last Name | *************************************** |
| Debtor 2 | <u>Andrea</u> | M. | Jiggetts | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | *** |
| United States E | Bankruptcy Court | for the: Northern District of Illinois | | 9 |
| Case number | | | - | |
| · · · · · · · · · · · · · · · · · · · | | | | |

Official Form 106H

Schedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

| | debtors? (If you are filing a joint case, do | not list either spouse as a | codebtor \ | | |
|--|---|---|---|--|---|
| o you have any co ☑ No | | | 00000101.7 | | |
| ☐ Yes | | | | | |
| Vithin the last 8 ye Arizona, California, I | ars, have you lived in a community prop daho, Louisiana, Nevada, New Mexico, Pu | erty state or territory? (C | ommunity p | property states and | I territories include |
| No. Go to line 3. | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | erro i noo, raxaa, maaning | tori, aria vvi | 300113ii i. j | |
| | ouse, former spouse, or legal equivalent liv | ve with you at the time? | | | |
| ☐ No | , | o with you at the time: | | | |
| | community state or territory did you live? | E-11 | See 41 | | • |
| 100, 11 111101 | sommunity state of territory did you live? | FIII | in the nami | and current addre | ess of that person. |
| Name of your sp | ouse, former spouse, or legal equivalent | | | | |
| Number | Street | 100 401 days | | | |
| City | State | ZIP Code | | | |
| • | | | | | |
| nown in line 2 aga <i>chedule D</i> (Officia | of your codebtors. Do not include your s in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official For hedule G to fill out Column 2. | guarantor or cosigner. M | ake sure vo | u have listed the | creditor on |
| nown in line 2 aga <i>chedule D</i> (Officia | in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official Fon hedule G to fill out Column 2. | guarantor or cosigner. M | ake sure yo (Official F | ou have listed the orm 106G). Use S | creditor on Cchedule D, |
| hown in line 2 aga chedule D (Officia chedule E/F, or Sc | in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official Fon hedule G to fill out Column 2. | guarantor or cosigner. M | ake sure yo (Official F Column | ou have listed the orm 106G). Use S | creditor on chedule D, whom you owe the de |
| hown in line 2 aga chedule D (Officia chedule E/F, or Sc | in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official Fon hedule G to fill out Column 2. | guarantor or cosigner. M | ake sure yo (Official F Column Check a | ou have listed the orm 106G). Use S 2. The creditor to | creditor on schedule D, whom you owe the despite |
| hown in line 2 aga chedule D (Officia chedule E/F, or Sc Column 1: Your co | in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official Fon hedule G to fill out Column 2. | guarantor or cosigner. M | Column Check a | ou have listed the prim 106G). Use S 2: The creditor to all schedules that a | creditor on chedule D, whom you owe the despite |
| hown in line 2 aga chedule D (Officia chedule E/F, or Sc Column 1: Your co | in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official Fon hedule G to fill out Column 2. | guarantor or cosigner. M | Column Check a | ou have listed the prim 106G). Use S 2: The creditor to all schedules that a sedule D, line | creditor on chedule D, whom you owe the dipply: |
| hown in line 2 aga chedule D (Officia chedule E/F, or Sc Column 1: Your co | in as a codebtor only if that person is a Form 106D), Sc <i>hedule E/F</i> (Official Fon hedule G to fill out Column 2. | guarantor or cosigner. M | Column Check a | ou have listed the prim 106G). Use S 2: The creditor to a schedules that a ledule D, lineedule E/F, line | creditor on chedule D, whom you owe the dipply: |
| nown in line 2 aga chedule D (Officia chedule E/F, or Sc Column 1: Your county Name Number Street | in as a codebtor only if that person is a Form 106D), <i>Schedule E/F</i> (Official Form the Grant of Form 106D), Schedule Grant out Column 2. Seption | guarantor or cosigner. M m 106E/F), or <i>Schedule</i> G | Column Check a Sch | ou have listed the prim 106G). Use S 2: The creditor to a list schedules that a list edule D, line list edule E/F, line list edule G, line list. | creditor on Schedule D, whom you owe the di pply: |
| Name Number Street | in as a codebtor only if that person is a Form 106D), <i>Schedule E/F</i> (Official Form the Grant of Form 106D), Schedule Grant out Column 2. Seption | guarantor or cosigner. M m 106E/F), or <i>Schedule</i> G | Column Check a Sch | ou have listed the orm 106G). Use S 2: The creditor to a list schedules that a list edule D, lineedule E/F, lineedule G, lineedule D, line | creditor on Schedule D, whom you owe the delipply: |
| nown in line 2 aga chedule D (Officia chedule E/F, or Sc Column 1: Your county Name Number Street | in as a codebtor only if that person is a Form 106D), <i>Schedule E/F</i> (Official Form the Grant of Form 106D), Schedule Grant out Column 2. Seption | guarantor or cosigner. M m 106E/F), or <i>Schedule</i> G | Column Check a Sch | ou have listed the orm 106G). Use S 2: The creditor to a control of the c | creditor on Schedule D, whom you owe the dispply: |
| Name Number Street Number Street | in as a codebtor only if that person is a I Form 106D), Schedule E/F (Official Forthedule G to fill out Column 2. Ilebtor State | guarantor or cosigner. Mm 106E/F), or Schedule G | Column Check a Sch | ou have listed the orm 106G). Use S 2: The creditor to a schedules that a ledule D, lineedule E/F, lineedule G, lineedule D, line | creditor on Schedule D, whom you owe the de inpply: |
| Name Name | in as a codebtor only if that person is a Form 106D), <i>Schedule E/F</i> (Official Form the Grant of Form 106D), Schedule Grant out Column 2. | guarantor or cosigner. M m 106E/F), or <i>Schedule</i> G | Column Check a Sch | ou have listed the orm 106G). Use S 2: The creditor to a control of the c | creditor on Schedule D, whom you owe the de inpply: |
| Name Number Street City | in as a codebtor only if that person is a I Form 106D), Schedule E/F (Official Forthedule G to fill out Column 2. Ilebtor State | guarantor or cosigner. Mm 106E/F), or Schedule G | Column Check a Sch Sch Sch | ou have listed the orm 106G). Use S 2: The creditor to a list schedules that a ledule D, line ledule E/F, line ledule G, line ledule D, line ledule E/F, line ledule G, li | creditor on Schedule D, whom you owe the delipply: |
| Name Number Street Number Street | in as a codebtor only if that person is a I Form 106D), Schedule E/F (Official Forthedule G to fill out Column 2. Ilebtor State | guarantor or cosigner. Mm 106E/F), or Schedule G | Column Check a Sch Sch Sch | ou have listed the orm 106G). Use S 2: The creditor to all schedules that a sedule D, line sedule E/F, line sedule D, line sedule D, line sedule G, line sedule G, line sedule G, line sedule D, line se | creditor on Schedule D, whom you owe the de pply: |
| Name Number Street City | in as a codebtor only if that person is a I Form 106D), Schedule E/F (Official Forthedule G to fill out Column 2. Ilebtor State | guarantor or cosigner. Mm 106E/F), or Schedule G | Column Check a Sch Sch Sch Sch Check a | ou have listed the orm 106G). Use S 2: The creditor to a list schedules that a ledule D, line ledule E/F, line ledule G, line ledule D, line ledule E/F, line ledule G, li | creditor on Schedule D, whom you owe the de pply: |
| Name Number Street City Name | in as a codebtor only if that person is a I Form 106D), Schedule E/F (Official Forthedule G to fill out Column 2. Ilebtor State | guarantor or cosigner. Mm 106E/F), or Schedule G | Column Check a Sch Sch Sch Sch Check a | bu have listed the prim 106G). Use S 2: The creditor to a list schedules that a ledule D, line ledule E/F, line ledule E/F, line ledule G, line ledule G, line ledule G, line ledule D, line ledule G, line ledule D, line ledule D, line ledule D, line ledule E/F, | creditor on Schedule D, whom you owe the de pply: |

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| Debtor 1 | Rodney | L. | Allen | | | |
|--------------------|----------------|---------------|-------------------------|-----------|----|-----|
| | First Name | | Middle Name | Last Name | | - |
| Debtor 2 | Andrea | | M. | Jigget | ts | |
| Spouse, if filing) | First Name | TM1-11 | Middle Name | Last Name | | - |
| Jnited States i | Bankruptcy Cou | rt for the: N | orthern District of III | linois | | |
| Case number | | | | | | 1 c |

this is:

- nended filing
- supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

Official Form 1061

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Part 1: Describe Employn | nent | | | | | | | | |
|--|--|-------------------------------------|-----------|--|--------------------------------------|-----------------|--|--|--|
| Fill in your employment information. | | Debtor 1 | | | Debtor 2 or no | n-filing spouse | | | |
| If you have more than one job, attach a separate page with information about additional employers. | attach a separate page with information about additional Employment status | | l oyed | AMPRIORICATION OF THE PROPERTY | Employed Not employed | | | | |
| Include part-time, seasonal, or self-employed work. | | | r | | , , | | | | |
| Occupation may include student or homemaker, if it applies. | Occupation may include student | | | | Bus Drier | | | | |
| · · · · · · · · · · · · · · · · · · · | Employer's name | Ralphs Groo | cery | | Illinois Central Truck Leaseing | | | | |
| | Employer's address | 1724 North Avenue Number Street | | | 2934 West 139th Street Number Street | | | | |
| | | | | | | | | | |
| | | Chicago | Stat | IL. | Blue Island | 1L | | | |
| | How long employed the | • | - Stat | e ZIP Gode | 7 Year | State ZIP Code | | | |
| Part 2: Give Details About | Monthly Income | | | | | | | | |
| Estimate monthly income as of spouse unless you are separated. If you or your non-filing spouse ha below. If you need more space, at | ve more than one employ | er, combine the inf | | | | 1 | | | |
| and the space, at | iacii a separate sitest (o ti | ns torm, | | For Debtor 1 | For Debtor 2 or | | | | |
| List monthly gross wages, sala deductions). If not paid monthly, or | rry, and commissions (be calculate what the monthly | efore all payroll wage would be. | 2. | \$ 4,934.00 | non-filing spouse | Announce : | | | |
| 3. Estimate and list monthly overt | ime pay. | | 3. | +\$ 0.00 | + \$ 0.00 | - | | | |
| 4. Calculate gross income. Add lin | e 2 + line 3. | | 4. | \$ 4,934.00 | \$1,045.00 | - | | | |

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| Debtor : | 1 Rodney First Name | L Middle Name | Allen Last Name | | C | ase number (if knot | vn) | | | |
|--------------------------|---|--|--|--------------------------------|---------|---------------------|-------------------|---|-----|----------------------|
| | | | | | Fo | r Debtor 1 | | ebtor 2 or ling spouse | | |
| Col | py line 4 here | | *************************************** |) 4. | \$_ | 4,934.00 | \$ | 1,045.00 | | |
| 5. List | all payroll deduct | ions: | | | | | | | | |
| 5а | . Tax, Medicare, a | nd Social Secu | rity deductions | 5a. | \$ | 1,787.00 | \$ | 149.00 | | |
| 5b | . Mandatory contr | ibutions for ret | irement plans | 5b. | \$_ | 0.00 | \$ | 0.00 | | |
| . 5c. | . Voluntary contril | butions for reti | ement plans | 5c. | \$_ | 247.00 | \$ | 0.00 | | |
| 5d. | . Required repaym | nents of retirem | ent fund loans | 5d. | \$ | 0.00 | \$ | 0.00 | | |
| 5e. | . Insurance | | | 5e. | \$_ | 0.00 | \$ | 0.00 | | |
| 5f. | Domestic suppor | rt obligations | | 5f. | \$_ | 0.00 | \$ | 0.00 | | |
| 5g. | Union dues | | | 5g. | \$ | 0.00 | \$ | 0.00 | | |
| 5h. | Other deductions | s. Specify: <u>n/a</u> | | 5h. | + \$ | 0.00 | + 5 | 0.00 | | |
| 6. Ad | d the payroll dedu | ictions. Add line | s 5a + 5b + 5c + 5d + 5e +5f + 5g + | 5h. 6. | \$ | 2,034.00 | \$ | 149.00 | | |
| 7. Cai | culate total month | nly take-home p | ay. Subtract line 6 from line 4. | 7. | \$_ | 2,900.00 | \$ | 896.00 | | |
| 8. List | all other income r | regularly receiv | ed: | | | | | | | |
| 8a. | profession, or far | m | and from operating a business, | | | | | | | |
| | receipts, ordinary a monthly net income | and necessary b | ty and business showing gross usiness expenses, and the total | 8a. | \$ | 0.00 | \$ | 0.00 | | |
| 8b. | Interest and divid | ends | | 8b. | \$ | 0.00 | \$ | 0.00 | | |
| | regularly receive | | ou, a non-filing spouse, or a depe | ndent | **** | | - | | | |
| | settlement, and pro | perty settlemen | child support, maintenance, divorce t. | 8c. | \$ | 0.00 | \$ | 0.00 | | |
| | Unemployment co | ompensation | | 8d. | \$ | 0.00 | \$ | 0.00 | | |
| | Social Security | | | 8e. | \$ | 0.00 | \$ | 0.00 | | |
| | Include cash assist that you receive, su Nutrition Assistance | ance and the va | at you regularly receive lue (if known) of any non-cash assis ups (benefits under the Supplementa pusing subsidies. | al | | 0.00 | | ### ### ############################## | | |
| | . / | | | 8f. | \$ | 0.00 | \$ | 560.00 | | |
| | Pension or retiren | | | 8g. | \$ | 0.00 | \$ | 0.00 | | |
| 8h. | Other monthly inc | ome. Specify: _ | n/a | 8h. | + \$ | 0.00 | +\$ | 0.00 | | |
| | | | ib + 8c + 8d + 8e + 8f +8g + 8h. | 9. | \$ | 0.00 | \$ | 560.00 | | |
| 0. Calcı Add t | ulate monthly inco the entries in line 10 | me. Add line 7 · of for Debtor 1 ar | · line 9. d Debtor 2 or non-filing spouse. | 10. | \$ | 2,900.00 | \$ | 1,456.00 | \$ | 4,356.00 |
| Inclu | e all other regular of de contributions from ds or relatives. | contributions to m an unmarried | the expenses that you list in Sci partner, members of your househole | hedule J. d, your de | pende | nts, your roomn | nates, and | d other | | |
| Do no Spec | | ints already incl nps | uded in lines 2-10 or amounts that a | re not ava | ilable | to pay expense | s listed in | Schedule J. | \$_ | 0.00 |
| 2. Add 1 Write | the amount in the that amount on the | last column of Summary of Yo | line 10 to the amount in line 11. T ur Assets and Liabilities and Certain | he result i n Statistic | s the c | ombined month | ly income lies | | \$ | 4,356.00 |
| | | | e within the year after you file thi | | | . · | | • | | bined thly income |
| | No | | Jver witer you me till | | | | | | | : |
| \ | Yes. Explain: | | | | | | | | | |

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| It the state of to identify | ify your case: | | | |
|--|--|---|--|---|
| Debtor 1 Rodney L. | | | | |
| Debtor 2 Andrea | Middle Name Last Name M. Jiggett | Check if the | | |
| (Spouse, if filing) First Name | Middle Name Last Name | An ame | | |
| United States Bankruptcy Court for th | e: Northern District of Illinois | A suppl expense | ement showing pos es as of the followin | tpetition chapter 13 |
| Case number (If known) | | MM / DD | | ig date. |
| | | | | |
| Official Form 106J Schedule J: Y o | _ | | | |
| Be as complete and accurate as | possible. If two married people are fileded, attach another sheet to this form | ing together, both are equally re n. On the top of any additional p | sponsible for supply ages, write your nam | 12/15 ying correct ne and case number |
| Is this a joint case? | | | | |
| No. Go to line 2. | | | | |
| Yes. Does Debtor 2 live in a | separate household? | | | |
| ☑ No ☐ Yes. Debtor 2 must t | file Official Form 106J-2, Expenses for S | Separate Household of Debtor 2. | | |
| Do you have dependents? | No | adh da mir agu 1920. Al bhaileid mu gay 1344 1920 lea da bha a lag 970 1921 a bhaid a ma ma ga garlad 1 bha dh am ag da 1947 1921 | | |
| Do not list Debtor 1 and Debtor 2. | Yes, Fill out this information for each dependent | Dependent's relationship to Debtor 1 or Debtor 2 | Dependent's age | Does dependent live with you? |
| Do not state the dependents' names. | | Son | 14 | ☐ No ☑ Yes |
| | | Dauaghter | 16 | ☐ No ☑ Yes |
| | | Dauaghter | 19 | ☐ No ☑ Yes |
| | | | | □ No |
| | | W | | ☐ Yes |
| | | | | □ No |
| | | | | ! Voo |
| expenses of people other than | □ No □ Yes | Marie | | ☐ Yes |
| expenses of people other than yourself and your dependents? | Yes | | | La res |
| yourself and your dependents? It 2: Estimate Your Ongo | ☐ Yes | | | |
| expenses of people other than yourself and your dependents? The second of the second | Yes | e using this form as a suppleme ntal <i>Schedule J</i> , check the box a | nt in a Chapter 13 ca t the top of the form | |
| expenses of people other than yourself and your dependents? Estimate Your Ongo timate your expenses as of your penses as of a date after the bar plicable date. | ing Monthly Expenses r bankruptcy filing date unless you ar nkruptcy is filed. If this is a suppleme | ntal Schedule J, check the box a | nt in a Chapter 13 ca t the top of the form | |
| expenses of people other than yourself and your dependents? Estimate Your Ongo timate your expenses as of you penses as of a date after the bar plicable date. Slude expenses paid for with nor | ing Monthly Expenses r bankruptcy filing date unless you ar nkruptcy is filed. If this is a suppleme | ntal Schedule J, check the box a know the value of | t the top of the form | ase to report and fill in the |
| expenses of people other than yourself and your dependents? It 2: Estimate Your Ongo timate your expenses as of your penses as of a date after the bar plicable date. Clude expenses paid for with nor ch assistance and have included. | ing Monthly Expenses r bankruptcy filing date unless you ar nkruptcy is filed. If this is a suppleme | ntal <i>Schedule J</i> , check the box a know the value of ial Form 106I.) | Your expen | ase to report and fill in the Ses |
| expenses of people other than yourself and your dependents? It 2: Estimate Your Ongo: timate your expenses as of your penses as of a date after the bar plicable date. Clude expenses paid for with nor ch assistance and have included. The rental or home ownership expenses of the people of the p | ing Monthly Expenses r bankruptcy filing date unless you an nkruptcy is filed. If this is a suppleme n-cash government assistance if you d it on Schedule I: Your Income (Office | ntal <i>Schedule J</i> , check the box a know the value of ial Form 106I.) | t the top of the form | ase to report and fill in the |
| expenses of people other than yourself and your dependents? It 2: Estimate Your Ongo timate your expenses as of your penses as of a date after the bar plicable date. Clude expenses paid for with nor ch assistance and have included any rent for the ground or lot. | ing Monthly Expenses r bankruptcy filing date unless you an nkruptcy is filed. If this is a suppleme n-cash government assistance if you d it on Schedule I: Your Income (Office | ntal <i>Schedule J</i> , check the box a know the value of ial Form 106I.) | Your expen | ase to report and fill in the ses |
| expenses of people other than yourself and your dependents? Estimate Your Ongor timate your expenses as of your penses as of a date after the bar plicable date. Slude expenses paid for with nor ch assistance and have included. The rental or home ownership any rent for the ground or lot. If not included in line 4: 4a. Real estate taxes | ing Monthly Expenses r bankruptcy filing date unless you are nkruptcy is filed. If this is a supplemental assistance if you did it on Schedule I: Your Income (Office expenses for your residence. Include for the supplemental assistance in the suppl | ntal <i>Schedule J</i> , check the box a know the value of ial Form 106I.) | Your expen 4. \$4 | ase to report and fill in the Ses |
| expenses of people other than yourself and your dependents? It 2: Estimate Your Ongo timate your expenses as of your penses as of a date after the bar plicable date. Clude expenses paid for with nor ch assistance and have included. The rental or home ownership eany rent for the ground or lot. If not included in line 4: 4a. Real estate taxes | ing Monthly Expenses r bankruptcy filing date unless you an ankruptcy is filed. If this is a supplement-cash government assistance if you did it on Schedule I: Your Income (Officexpenses for your residence. Include the expenses for your residence. | ntal <i>Schedule J</i> , check the box a know the value of ial Form 106I.) | Your expen | ase to report and fill in the ses |

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Debtor 1 Rodney L. Allen
First Name Middle Name Last Name Case number (if known)

| | | | Your e | xpenses |
|-----|---|------|---------------|---------|
| | 5. Additional mortgage payments for your residence, such as home equity loans | 5. | \$ | 0.00 |
| | 5. Utilities: | J. | | |
| | 6a. Electricity, heat, natural gas | | | |
| | 6b. Water, sewer, garbage collection | 6a | · \$ | 194.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and cable services | 6b | . \$ | 58.00 |
| | Rd Other Specificalla | 6c. | . \$ <u> </u> | 235.00 |
| 7 | | 6d. | . \$ | 0.00 |
| 8 | | 7, | \$ | 600.00 |
| 9 | | 8. | \$ | 0.00 |
| 10 | of section, and dry oldaling | 9. | \$ | 150.00 |
| 11. | and by addition that act aides | 10. | \$ | 100.00 |
| | and admin opportunity | 11. | \$ | 0.00 |
| 12. | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. | | \$ | 500.00 |
| 13. | Entertainment, clubs, recreation, newspapers, magazines, and books | 12. | V | |
| 14. | Charitable contributions and religious donations | 13. | \$ | 150.00 |
| 15. | | 14. | \$ | 0.00 |
| ,0. | Do not include insurance deducted from your pay or included in lines 4 or 20. | | | |
| | 15a. Life insurance | 15a. | \$ | 0.00 |
| | 15b. Health insurance | 15b. | \$ | 0.00 |
| | 15c. Vehicle insurance | 15c. | \$ | 109.00 |
| | 15d. Other insurance. Specify: n/a | 15d. | \$ | 0.00 |
| 16. | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: n/a | 16. | \$ | 0.00 |
| 17. | Installment or lease payments: | 16. | Ψ | |
| | 17a. Car payments for Vehicle 1 | | | 392.00 |
| | 17b. Car payments for Vehicle 2 | 17a. | \$ | 383.00 |
| | 17c. Other. Specify: n/a | 17b. | \$ | 0.00 |
| | 17d. Other. Specify:n/a | 17c. | \$ | 0.00 |
| 40 | | 17d. | \$ | 0.00 |
| 10. | Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I). | | | |
| | | 18. | \$ | 0.00 |
| | Other payments you make to support others who do not live with you. Specify: n/a | 19. | \$ | 0.00 |
| 20. | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Incom | | 3 | 0.00 |
| | 20a. Mortgages on other property | 20a. | \$ | 0.00 |
| | 20b. Real estate taxes | | | |
| | 20c. Property, homeowner's, or renter's insurance | 20b. | \$ | ^ ^ ^ |
| | 20d. Maintenance, repair, and upkeep expenses | 20c. | \$ | |
| | 20e. Homeowner's association or condominium dues | 20đ. | \$ | |
| | | 20e. | \$ | 0.00 |

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| Debtor 1 | Rodney First Name | Middle Name | Allen Lasi Name | Case numbe | 「 (if known) | ···· | |
|---------------------|--|--|-------------------------------------|--------------------------------|---|--|--|
| | r. Specify: <u>n/a</u> | | | | 21. | +\$ | 0.00 |
| 22. Calcu | late your mont | hly expenses. | | | | *************************************** | På and recording a delicated recognitions and conductive recording a first after a figure to conduct recording and the conductive and the conducti |
| 22a. A | Add lines 4 throu | gh 21. | | | 22a. | ¢ | 3,909.00 |
| 22b. C | Copy line 22 (mo | nthly expenses | for Debtor 2), if any, from Officia | l Form 106J-2 | 22b. | | |
| | | | is your monthly expenses. | | 22c. | \$ \$ | 3,909.00 |
| 23. Calcula | ite ýour monthl | y net income. | | | | Beautiful and the second secon | |
| . 23a. C | Copy line 12 (you | r combined moi | nthly income) from Schedule I. | | 23a. | \$ | 4,356.00 |
| | | | n line 22c above. | | 23b. | -\$ | 3,909.00 |
| 23c. St | ubtract your moi | nthly expenses f | rom your monthly income. | | [| | |
| 11 | he result is your | monthly net inc | ome. | | 23c. | \$ | 447.00 |
| 24. Do you e | expect an incre | ease or decreas | ie in your expenses within the | year after you file this form? | | | |
| mortgage No. | e payment to inc | rease or decrea | ise because of a modification to | the terms of your mortgage? | | | |
| Yes. | Explain here | And the control of th | | | and a second second section and the second section and the second section and the second second second second | milli karagan da dada izan yan dada isah 🕳 e yan ya ya | |
| | | | | | | | |
| | Photo I can reported | | | | | | |
| | and the second s | TO A TALL THE CONTROL OF THE BEAUTY OF THE BEAUTY. | | | | | den |

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| Debtor 1 | Rodney | L. | Allen | |
|--------------------------------------|----------------------|-----------------------------------|-----------|-------------------------|
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Andrea | M. | Jiggetts | |
| (Spouse, if filing) | First Name | Middle Name | Last Name | |
| United States Case number (If known) | Bankruptcy Court for | the: Northern District of Illinoi | s | $\overline{\mathbf{x}}$ |

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

| Sign Below | | | |
|--|---|---|--|
| _ | eone who is NOT an attorney to hel | p you fill out bankruptcy forms? | |
| ☑ No ☑ Yes. Name of person | Veronica Eason | . Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | |
| Under penalty of perjury, I declar that they are true and correct. Signature of Debtor 1 Date 11 - 2 C - 1 C | that I have read the summary and Signature of E Date 11/2 | 29/16 | |

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| Fill in this i | nformation to ider | ntify your case: | | | |
|------------------------|----------------------|------------------------------|-----------|-------------|-----------------|
| Debtor 1 | | en & Andrea M. Jig | getts | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | Andrea | M. | Jiggetts | • | |
| (Spouse, if filing |) First Name | Middle Name | Last Name | | |
| United States | Bankruptcy Court for | the: Northern District of II | linois | | |
| Case number (if known) | | | ******* | | Check if this i |
| | | | | | amended filir |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/1

| What is your current marital status? | | ou Lived Before | | |
|---|-------------------------------|---------------------------------|----------------|-------------------------------|
| Married Not married | | | | |
| During the last 3 years, have you lived anywhere No Yes. List all of the places you lived in the last 3 | | | | |
| Debtor 1: | Dates Debtor 1 lived there | Debtor 2: | | Dates Debtor 2 lived there |
| 18057 Idlewild Drive Number Street | From | Same as Debtor 1 Number Street | | Same as Debtor From To |
| Country Club Hills IL. 60478 City State ZIP Code | | City | State ZIP Code | |
| Number Street | From | Number Street | | Same as Debtor From To |
| City State ZIP Code | - | City | State ZIP Code | Community property |

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| Did you have any income from employment Fill in the total amount of income you receive If you are filing a joint case and you have income you have any income from employment you have any income from employment you have any income you have you h | d from all jobs and all b | usinesses, inclu | ding part-t | time activities | lendar years? |
|--|--|--|--|---|---|
| ✓ No✓ Yes. Fill in the details. | | | | · | |
| | Debtor 1 | | | Debtor 2 | |
| | Sources of Income Check all that apply. | Gross Incon (before dedu exclusions) | ctions and | Sources of Income Check all that apply. | Gross income (before deductions a exclusions) |
| From January 1 of current year until the date you filed for bankruptcy: | Wages, commission bonuses, tips Operating a busine | \$52 | 1,768.00 | Wages, commissions, bonuses, tips Operating a business | \$11,492.0 |
| For last calendar year: | Wages, commission bonuses, tips | secentre police du suscessives de la company de la comp | | Wages, commissions, bonuses, tips | « 0.0 |
| (January 1 to December 31,2014) | Operating a busine | SS | *************************************** | Operating a business | \$ |
| For the calendar year before that: | Wages, commission bonuses, tips | | 400.00 | Wages, commissions, bonuses, tips | |
| (January 1 to December 31,2015 | Operating a busines | s \$ 55 | ,420.00 | Operating a business | \$ <u>12,344.0</u> |
| nclude income regardless of whether that inconnempleyment, and other public benefit paymambling and lottery winnings. If you are filing | ome is taxable. Examplents; pensions; rental in a joint case and you ha | es of other incor come; interest; ve income that | ne are alin dividends; you receiv | money collected from laws red together, list it only once | suite: royaltion: and |
| nclude income regardless of whether that income inemployment, and other public benefit paymony pambling and lottery winnings. If you are filing ist each source and the gross income from each | ome is taxable. Examplents; pensions; rental in a joint case and you ha | es of other incor come; interest; ve income that | ne are alin dividends; you receiv | money collected from laws red together, list it only once | suite: royaltion: and |
| nclude income regardless of whether that income the income regardless of whether that income inemployment, and other public benefit paymers ambling and lottery winnings. If you are filing list each source and the gross income from each source and the gross income from each source. | ome is taxable. Examplents; pensions; rental in a joint case and you ha | es of other incor come; interest; ve income that | ne are alin dividends; you receiv | money collected from laws red together, list it only once | suite: royaltion: and |
| actude income regardless of whether that income memployment, and other public benefit paymambling and lottery winnings. If you are filing set each source and the gross income from each to the source and the gross income from each source and the gross income from each the gross income from e | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. | es of other incor come; interest; ve income that | me are alindividends; you receivencome that | r money collected from laws red together, list it only once it you listed in line 4. | suite: royaltion: and |
| relude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing st each source and the gross income from each source and the gross income from each source. If No I yes, Fill in the details. | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | me are alindividends; you receive that the mean of the | money collected from laws red together, list it only once it you listed in line 4. Bebtor 2 Sources of income | suits; royalties; and e under Debtor 1. Gross Income from each source (before deductions and |
| actude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing st each source and the gross income from each of the process income from each of the gross income from the gross income f | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | ne are alindividends; you receive necome that are alindividends; you receive necome that are alindividends and are alindividends are alindividends are alindividends. | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) |
| relude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing st each source and the gross income from each source and the gross income from each source. If No I yes, Fill in the details. | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | me are alindividends; you receive that the mean of the | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) |
| relude income regardless of whether that incomemployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the source and the gross income from each of the gross income from the gross income from each of the gross income from the gross i | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | ne are alindividends; you receive necome that are alindividends; you receive necome that are alindividends and are alindividends are alindividends are alindividends. | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) \$ |
| relude income regardless of whether that inconemployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each of the source and the gross income from the source and the gross income from the gr | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | ne are alindividends; you receive that the form t | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) \$ 560.00 \$ 0.00 \$ |
| relude income regardless of whether that inconemployment, and other public benefit paymambling and lottery winnings. If you are filing ist each source and the gross income from each source and the gross income from each source. It is not so that is the details. From January 1 of current year until the date you filed for bankruptcy: | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | ne are alindividends; you receive that the second that the sec | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 |
| From January 1 of current year until the date you filed for bankruptcy: For last calendar year: (January 1 to December 31,2014 YYYYY | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | Gross Income that Do not include in each source (before deduce exclusions) \$ | ne are alindividends; you receive that the form the form that the form that the form | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) \$ 560.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 |
| From January 1 of current year until the date you filed for bankruptcy: For last calendar year: | ome is taxable. Examplents; pensions; rental in a joint case and you hat ach source separately. Debtor 1 Sources of Income | es of other incorporations; interest; ive income that Do not include in Gross Income each source (before deductions) | ne are alindividends; you receive that the formal sections and the following the following that the following the following that the following the following the following that the following the following that the following | money collected from laws red together, list it only once it you listed in line 4. Debtor 2 Sources of income Describe below. | Gross Income from each source (before deductions and exclusions) \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 |

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| Debtor 1 | Rodney L. Allen & Andrea M. Jigger First Name Middle Name Last Name | tts | Case number (#1 | known) | |
|----------|--|--|--|------------------------------|--|
| Part 3: | List Certain Payments You Made Befo | ore You Filed for Ban | kruptcy | | |
| 0 A | then Bulleton Alle on Bulleton Annual Control | | | | |
| | ther Debtor 1's or Debtor 2's debts primarily | | | | |
| ⊔ No | Neither Debtor 1 nor Debtor 2 has primaril "incurred by an individual primarily for a person | onal, family, or household | purpose." | | 8) as |
| | During the 90 days before you filed for bankru | uptcy, did you pay any cre | ditor a total of \$6,425* | or more? | |
| | No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you total amount you paid that creditor. E child support and alimony. Also, do r | Do not include payments fo | or domestic support obl | inatione euch se | |
| | * Subject to adjustment on 4/01/19 and every | | | | |
| ☐ Yes | s. Debtor 1 or Debtor 2 or both have primarily | v consumer debts. | | | |
| | During the 90 days before you filed for bankru | | titor a total of \$600 or r | nore? | |
| | ☑ No. Go to line 7. | | | | |
| | Yes. List below each creditor to whom you creditor. Do not include payments for alimony. Also, do not include paymen | r domestic support obligati | ons, such as child sunr | nt you paid that port and | |
| | | Dates of Total am payment | ount paid Amou | int you still owe | Was this payment for |
| | | \$ | 0.00 \$ | 0.00 | ☐ Mortgage |
| | Creditor's Name | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | ☐ Loan repayment |
| | | PATRIC MANAGEMENT | | | ☐ Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | | and the mileting of miletings have approximately builting to a time and briefly have a small triangular and a smal | Surfaces making a construction of a construction of the constructi | | |
| | Creditor's Name | <u> </u> | 0.00 \$ | 0.00 | ☐ Mortgage |
| | Ground's Native | | | | ☐ Car |
| | Number Street | | | | Credit card |
| | | | | | Loan repayment |
| | | | | | Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | | anning 4 - 15 6 - 15 11 15 11 15 11 15 11 15 11 15 15 15 | and the second section of the control of the contro | | the Commence of the Commence o |
| | | \$ | 0.00 \$ | 0.00 | ☐ Mortgage |
| | Creditor's Name | | | | Car |
| | Number Street | | | | Credit card |
| | • | | | | Loan repayment |
| | | Name (A) | | | Suppliers or vendors |
| | City State ZIP Code | | | | Other |
| | y Seate Zir Cutte | | | | |

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| | | | | | 2400 112 | imber (if know | ar) |
|--|--|-------------------------|------------------------|---------------|-------------|----------------|---|
| corporations of which y | ou are an officer, director, pe or a business you operate as a and alimony. | ; relatives of any | general r owner (| partners; p | partnersi | hips of whi | who was an insider? ich you are a general partner; g securities; and any managing or domestic support obligations, |
| - 100, List all paymer | nus wan insider. | Dates of payment | Total paid | amount | Amou owe | ınt you still | Reason for this payment |
| Insider's Name | | **** | \$ | 0.00 | \$ | 0.00 | |
| Number Street | PARTIES AND | | | | | | |
| City | State ZIP Code | | | | | | |
| Insider's Name | | | \$ | 0.00 | \$ | 0.00 | |
| Number Street | | 444 | | | | | |
| City | | | | | | | |
| | | | | | | | madition of the programment of the same control to a supplication of the same |
| lude payments on det | ou filed for bankruptcy, did y bts guaranteed or cosigned by ts that benefited an insider. | y an insider. Dates of | Total a | | Amoun | | n account of a debt that benefited |
| No | bts guaranteed or cosigned by | y an insider. | Total a | mount | | t you still | |
| No | bts guaranteed or cosigned by | y an insider. Dates of | Total a | | Amoun | | Reason for this payment |
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| No Yes. List all payments Insider's Name Number Street | bts guaranteed or cosigned by | y an insider. Dates of | Total a paid | mount 0.00 | Amount owe | 0.00 | Reason for this payment |

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|---|--|--|--|
| 4: Identify Legal Actions, R | encessesions and France | alla a | |
| thin 1 year before you filed for ha | nkriintev were vou a new. | | |
| t all such matters, including persona I contract disputes. | al injury cases, small claims ad | n any lawsuit, court action, or administrative ctions, divorces, collection suits, paternity action | reproceeding? Tis, support or custody mod |
| No | | | |
| Yes. Fill in the details. | | | |
| | Nature of the case | Court or agency | |
| | | | Status of the |
| Case title | ··· | Court Name | Pending |
| <u> </u> | | | On appeal |
| Casa numbor | | Number Street | Concluded |
| Case number | | City State ZIP Cox | |
| | | - Glate AIP CO | |
| Case title | | Court Name | Pending |
| | | Coult Name | On appeal |
| | | Number Street | Concluded |
| Case number | | | |
| | | City State ZIP Cod | e |
| ck all that apply and fill in the details to. Go to line 11. es. Fill in the information below. | s below. | perty repossessed, foreclosed, garnished, a | ttached, seized, or levied |
| o. Go to line 11. | Describe the p | | |
| o. Go to line 11. | | | Value of the prope |
| o. Go to line 11. es. Fill in the information below. | Describe the | Date | Value of the prope |
| lo. Go to line 11. es. Fill in the information below. Creditor's Name | Describe the p | Date | Value of the prope |
| lo. Go to line 11. es. Fill in the information below. Creditor's Name | Describe the p | Date Inappened was repossessed. | Value of the prope |
| lo. Go to line 11. es. Fill in the information below. Creditor's Name Number Street | Explain what F | Date | Value of the prope |
| o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street | Explain what r | appened was repossessed. was foreclosed. | Value of the prope |
| o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street | Explain what r | property Date sappened was repossessed. was foreclosed. was garnished. was attached, seized, or levied. | Value of the prope |
| o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street | Explain what r Property Property Property Property Property Property | Pare Date Pappened was repossessed. was foreclosed. was garnished. was attached, seized, or levied. | Value of the prope |
| creditor's Name Number Street | Explain what r Property Property Property Property Property Property | Pare Date Pappened was repossessed. was foreclosed. was garnished. was attached, seized, or levied. | Value of the prope |
| o. Go to line 11. es. Fill in the information below. Creditor's Name Number Street | Explain what r Property Property Property Property Property Property | Pare Date Pappened was repossessed. was foreclosed. was garnished. was attached, seized, or levied. | Value of the prope \$ 0.0 Value of the prope |
| creditor's Name Number Street | Explain what r Property Property Property Property Property Property | Property Date Rappened was repossessed. was foreclosed. was garnished. was attached, seized, or levied. Poperty Date | Value of the prope \$ 0.0 Value of the prope |
| c. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City State 2 | Explain what is Property Pro | property Date | Value of the prope \$ 0.0 Value of the prope |
| c. Go to line 11. es. Fill in the information below. Creditor's Name Number Street City State 2 | Explain what re Property | Property Date Rappened was repossessed. was foreclosed. was garnished. was attached, seized, or levied. Poperty Date | Value of the prope \$ 0.0 Value of the prope |
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| | 20 | 1. Jiggetts Case number (# known |) | ···· | |
|--|---|--|---|------------------------|-------------------|
| Liferat I was | | | | | |
| Within 90 days befo | re you filed for bankr | uptcy, did any creditor, including a bank or financial institu ecause you owed a debt? | ition, set off any a | mounts from | n vour |
| No | to make a payment be | ecause you owed a debt? | | | • |
| Yes. Fill in the de | tails. | | | | |
| | | | N OXIVERSON NEWS | North National Control | |
| | | Describe the action the creditor took | Date action was taken | Amount | |
| Creditor's Name | | | was taken | | NA EVA |
| Number Street | | | | \$ | 0.0 |
| 00000 | | | | Φ | 0.0 |
| | | _ | | | |
| City | State ZIP Code | | | | |
| , | State ZIP Code | Last 4 digits of account number: XXXX | | | |
| ithin 1 year hefere | ven flatfan best | | | | |
| editors, a court-an | you filed for bankrupt | tcy, was any of your property in the possession of an assig stodian, or another official? | nee for the benef | it of | |
| No | , | otodiall, of allottlef official? | | | |
| Yes | | | | | |
| | | | | | |
| 5: List Certain | Gifts and Contribu | etions | | | |
| | | | | · | |
| thin 2 years before | voi: filed for hankrun | there eliaberate when a second second | | | |
| No - | you med for bankrup | tcy, did you give any gifts with a total value of more than \$ | 600 per person? | | |
| Yes. Fill in the deta | illa fan a safe str | | | | |
| res. Hii in the deta | lis for each gift. | | | | |
| Gifts with a total va | lue of more than \$600 | Describe the gifts | <u>KÉNYENNANEGARE</u> | GOMALINI. | 2113 (3) |
| per person | | | Dates you gave the gifts | Value | |
| | | A company of the comp | i Maria di Maria di Ma | e naviĝediji sante | |
| | | | | | range in law offe |
| Person to Whom You Ga | ra the Cift | | | ¢ | 0.00 |
| Person to Whom You Gav | re the Gift | | | \$ | 0.00 |
| Person to Whom You Gav | ve the Gift | | | | |
| Addis | ve the Gift | | | \$ | |
| AM | ve the Gift | | | | |
| Number Street | | | | | |
| Number Street | State ZIP Code | | | | 0.00 |
| City | State ZIP Code | | | | |
| Number Street City Person's relationship to | State ZIP Code | | | \$ | |
| Number Street City Person's relationship to | State ZIP Code D you | Describe the gifts | Dates you gave | | |
| Number Street City Person's relationship to | State ZIP Code D you | Describe the gifts | | \$ | |
| Number Street City Person's relationship to Sifts with a total value per person | State ZIP Code D you e of more than \$500 | Describe the gifts | Dates you gave | \$Value | 0.00 |
| Number Street City Person's relationship to Gifts with a total value per person | State ZIP Code D you e of more than \$500 | Describe the gifts | Dates you gave | \$ | |
| Number Street City Person's relationship to Gifts with a total value per person | State ZIP Code D you e of more than \$500 | Describe the gifts | Dates you gave | \$Value | 0.00 |
| Number Street City Person's relationship to Gifts with a total value per person | State ZIP Code D you e of more than \$500 | Describe the gifts | Dates you gave | \$Value | 0.00 |
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| Number Street City Person's relationship to Gifts with a total value per person Person to Whom You Gave | State ZIP Code D you e of more than \$600 | Describe the gifts | Dates you gave | \$Value | 0.00 |
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| tor 1 Rodney L. Allen & Andrea N | 1. Jiggetts Case number (# know | n) | |
|--|--|------------------------------|---------------------------|
| | | | - |
| . Within 2 years before you filed for bankro | uptcy, did you give any gifts or contributions with a total v | altie of more than | \$600 to amu ab |
| MO NO | | ando Or more (man | about to any charity |
| Yes. Fill in the details for each gift or co | ntribution. | | |
| Gifts or contributions to charities that total more than \$600 | Describe what you contributed | Date you contributed | Value |
| Charity's Name | * | | \$0.0 |
| | | | \$0.0 |
| Number Street | | | |
| City State ZIP Code | | | |
| | | | |
| 6: List Certain Losses | | | |
| Describe the property you lost and how the loss occurred | Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. | Date of your loss | Value of property lost |
| | | T | |
| | | - | \$0.0 |
| 7: List Certain Payments or Trans | | | |
| | | | |
| u consulted about seeking bankruptcy or | y, did you or anyone else acting on your behalf pay or tran preparing a bankruptcy petition? | sfer any property | to anyone |
| No | arers, or credit counseling agencies for services required in yo | ur bankruptcy. | |
| Yes. Fill in the details. | | | |
| Veronica Eason Person Who Was Paid | Description and value of any property transferred | Date payment or transfer was | Amount of payment |
| 9212 South Stony Island Number Street | Chapter 7 Bankruptcy Documents | made | |
| Value | The state of the s | 11/17/2016 | \$100.00 |
| Chicago IL 60617 City State ZIP Code | | | \$0.00 |
| Email or website address | | | |
| Person Who Made the Payment, if Not You | | | |
| | | | |

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| | Date payment or transfer was mad | Amoun | www.commun. |
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| Credit Counseling Certificate Counseling | Date payment or transfer was mad | Amoun | Witness |
| Credit Counseling Certificate Counseling | transfer was made | | |
| Credit Counseling Certificate Counseling Certificate | and and the second section is a second of the second section of the second section is a second section of the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the second section in the second section is a second section of the section o | de paymer | |
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| Last 4 digits of account number Type of account or instrument Type of account or instrument | First Name Middle Name | M. Jiggetts Last Name | Case number (# known) | |
|--|--|--|--|--|
| Description and value of the property transferred Date trans was made Accounts, Instruments, Safe Deposit Boxes, and Storage Units for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, erred? Iney market, or other financial accounts; certificates of deposit; shares in banks, credit unions, ends, cooperatives, associations, and other financial institutions. Last 4 digits of account number Type of account or instrument Othecking Savings Money market Brokerage Other ZYP Code Other | | | | |
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| al Accounts, Instruments, Safe Deposit Boxes, and Storage Units for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, erred? erred? mey market, or other financial accounts; certificates of deposit; shares in banks, credit unions, ands, cooperatives, associations, and other financial institutions. Last 4 digits of account number Type of account or instrument Checking Savings Money market Brokerage Other XXXX- Checking Storage Other | , (| led asset-protection devices.) | | To the of which you |
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| Name of Storage Facility | Name | No |
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| int 9: Identify Property Vo | u Hald as well as a | |
| The state of the s | u Hold or Control for Someone Else | • |
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| Yes. Fill in the details. | | |
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| Debtor 1 | Rodney | <u>L.</u> | | llen | |
|--|-----------------|--------------|----------------------|-----------|---|
| | First Name | | Middle Name | Last Name | *************************************** |
| ebtor 2 | Andrea | | M. | Jiggetts | |
| Spouse, if filing) | First Name | | Middle Name | Last Name | |
| nited States i ase number f known) | Bankruptcy Coun | t for the: N | Northern District of | Illinois | |

Check if this is an amended filing

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

List Your Creditors Who Have Secured Claims

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the proper as exempt on Schedule C |
|---|--|--|
| Creditor's name: 2008 Chrysler Aspen | ☐ Surrender the property. | □ No |
| Description of Chase Auto | Retain the property and redeem it. | ¥ Yes |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | a res |
| | Retain the property and [explain]: | |
| Creditor's name: | ☐ Surrender the property. | |
| Description of | Retain the property and redeem it. | ☑ No |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | Yes |
| | Retain the property and [explain]: | |
| Creditor's name: | ☐ Surrender the property. | ensidential ensidential ensidential ensidential ensidential ensidential ensidential ensidential ensidential en |
| Description of | Retain the property and redeem it. | □ Yes |
| property securing debt: | Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| | Retain the property and [explain]: | |
| Creditor's name: | ☐ Surrender the property. | No |
| Description of | Retain the property and redeem it. | Yes |
| roperty ecuring debt: | Retain the property and enter into a Reaffirmation Agreement. | □ res |
| | Retain the property and [explain]: | |

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Rodney Debtor 1 Allen Case number (If known) Part 2: List Your Unexpired Personal Property Leases For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2). Describe your unexpired personal property leases Will the lease be assumed? Lessor's name: Sylvia Reuling - Landlord No No Description of leased Yearly Residential Lease **Y**es property: Lessor's name: No No Description of leased ☐ Yes property: Lessor's name: ■ No Description of leased ☐ Yes property: Lessor's name: ■ No ☐ Yes Description of leased property: Lessor's name: No No Description of leased Yes property: Lessor's name: **⊞** No Description of leased ☐ Yes property: Lessor's name: No No Description of leased Yes property: Part 3: Sign Below Under penalty of perjury, I declare that I have indicated my intention about any property of my estate that secures a debt and any